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Walden University

College of Health Sciences

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Lorelle Wuerz

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Walden University
2017

Abstract

The Influence of Leadership on Nursing Professionalism

by

Lorelle Anne Wuerz

MSN, Walden University, 2009

BS, Marist College, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

November 2017

Abstract

Leadership style has been studied from various perspectives including transformational leadership and the components of leadership competencies needed to exhibit transformational styles. However, there was a gap in the literature on the influence of leadership style on nursing professional behaviors and overall professionalism. The purpose of this descriptive, phenomenological study was to understand and explore the beliefs, attitudes, and perceptions of staff nurses on leadership style and its influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. The theory of transformational leadership was the conceptual framework for the study. A phenomenological approach was used for the qualitative interview with data analysis using a descriptive method. A total of 8 nursing participants were interviewed revealing that nurses had similar thoughts on their perceptions of professional characteristics and leadership driving professional socialization. Nurses articulated a practical knowledge of professional activities with little to no connection to a larger sense of professional identity, theory in practice, and ethical obligations to the future of the profession of nursing. There is a noted lack of professionalism seen in the discipline of nursing. Professional registered nurses and health care leaders in nursing can benefit from this study. Understanding how leadership style can influence nursing not only impacts positive social change and shapes the future of the discipline of nursing, but can also potentially impact patient care outcomes and patient.

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Dedication

Before becoming a nurse, I was a musician. I wish I could play this dedication on the piano and sing along because that is when I feel I can express myself best! My mother, Lorelle Wuerz 'senior' gave me my musical talents in life. One thing I never had the opportunity to tell her was how she influenced me to become a nurse. My mom, although not a nurse herself, dedicated her whole life toward caring for others above herself. She imparted on me the behaviors of being caring, self-less, dedicated and persistent from a very early age, which has undoubtedly translated to many of my accomplishments in life. In 2013, my mother became ill with lung cancer and passed away a few months after her diagnosis. Although I was never able to tell her about her influence in my choice to become a professional nurse, I was able to show her what she taught me when caring for her in the last weeks of her life.

My father, although he would like to take credit for my musical talents, cannot, but he can take credit for much more. Whenever I am asked, "Who are you closer to your mom or your dad?" I respond: "My dad is my person". My dad's outgoing character is something I have watched and emulated for years. His ability to connect and build relationships even with complete strangers, although we joke about it, is a skill he has passed along to me. The values and behaviors he has instilled into me from a very young age have made me the woman and the nurse I am today. Furthermore, the character, resolve, capacity to learn and grow, build relationships, approach the world with an open mind, and challenge the status quo were the foundations of what have made

me successful and so blessed in my life. I am so grateful to have such an amazing man in my life.

Along with my mom and dad, I have two older sisters Jessica and Jennifer who have shown me courage, have been the best cheerleaders, and listeners throughout this most difficult journey to obtain my doctoral degree. They are role models and continue to believe in me, which is what has kept me going during the most difficult parts of this process. In addition to family, there have been close friends who have been supportive and very much an integral part of my success. They say true friends are special because they are the family you have chosen. Kristin Campbell-O'Brien, we chose each other over thirty years ago, and I can say from the bottom of my heart you are not my friend you are family. When I hear you say you are proud of me it is so special, it means everything!

Although my whole family has influenced me along the way, I ultimately dedicate my work in the memory of my mom, Lorelle. I decided to go back to school a little over a year after her passing, so she never knew I would commit myself to such a bold academic and professional goal in obtaining my doctoral degree. I can only imagine how proud she would be of me today to know I was successful. Ultimately, it was her caring influence that has driven me in my life and career and academic accomplishments! This one's for you 'Maude'...I love you.

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In addition, I would like to thank Dr. Kathleen Brewer for her willingness to help me complete my journey. Dr. Brewer's expertise and guidance during a difficult time in my journey was liken to that of an angel. Third, I would like to acknowledge Dr. Leslie Hussey. Thank you for your support of my journey over the years. You have been a constant for me and it contributed to my success.

The saying, "*It takes a village*" can refer to those assisting during any difficult journey or accomplishment. There are a village of friends and colleagues who have supported me. I would like to acknowledge these influential individuals, listed in no order, who were special to me during the years in which this work was accomplished: Janeane Walker, Janice Elliott, Dr. Charles Archer, Dr. Kenrick Cato, Dr. Ernesto Perez-Mir, Dr. Patricia Prufeta, Dr. Nadine Rosenthal, Bonnie Smith, Steven Taylor, Jason Whalen, Leonardo David Cuellar Sipe, Richard Spencer, George Weibrecht Jr., Ronald Vazquez, Laurell Diorio-Taylor, Gary Camelo and Nina Dekka. Thank you all for being there for me and supporting me through one of my most difficult personal accomplishments to date.

Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background	2
Problem Statement	6
Purpose of the Study	7
Research Question	8
Theoretical Framework.....	8
Nature of the Study	10
Definitions.....	11
Assumptions.....	12
Scope and Delimitations	13
Limitations	13
Significance.....	14
Summary	15
Chapter 2: Literature Review	17
Introduction.....	17
Literature Search Strategy.....	18
Theoretical Foundation	19
Literature Review Related to Key Concepts.....	23

Leadership.....	23
Transformational Leadership.....	24
Professionalism.....	29
Nursing Professionalism.....	31
Summary and Conclusions.....	35
Chapter 3: Research Method.....	37
Introduction.....	37
Research Design and Rationale.....	38
Role of the Researcher.....	39
Research Population.....	39
Research Method.....	40
Instrumentation.....	40
Procedures for Recruitment, Participation, and Data Collection.....	41
Data Analysis Plan.....	42
Issues of Trustworthiness.....	45
Ethical Procedures.....	46
Field Issues.....	48
Summary.....	49
Chapter 4: Results.....	51
Introduction.....	51
The Setting.....	52
Demographics.....	53

Data Collection	55
Data Analysis	56
Evidence of Trustworthiness.....	58
Credibility	59
Transferability.....	59
Dependability	59
Confirmability.....	60
The Results.....	60
Professionalism	60
Leadership.....	69
Summary	74
Chapter 5: Discussion, Conclusions, and Recommendations	77
Introduction.....	77
Interpretation of the Findings.....	79
Limitations of the Study.....	81
Recommendations	82
Implications for Positive Social Change.....	82
Social Change for the Nursing Profession	83
Conclusion	83
References	85
Appendix A: Interview Protocol.....	95
Appendix B: Recruitment Email.....	100

Appendix C: Recruitment Flyer.....	101
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List of Tables

Table 1. Demographics of the Participants	54
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List of Figures

Figure 1. Theoretical model.....	22
----------------------------------	----

Chapter 1: Introduction to the Study

Introduction

Nursing professionalism has been written about as early as 1858 when Florence Nightingale published the *Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army*, which highlighted aspects of the concept of nursing conduct and professionalism (Nightingale, 1858). The body of literature over time has produced information related to various aspects of professionalism including the correlation of professional behaviors and job satisfaction (Celik & Hisar, 2011), as well as nurses' professional identity (Willetts & Clarke, 2014). Other researchers have explored the correlation between educational preparation and nursing professionalism (Adams & Miller, 2001; Fetzer, 2013; Fisher, 2014; Martin, Yarbrough, & Alfred, 2003).

In addition to professionalism, the concept of leadership style has been studied from many different perspectives in health care including transformational leadership and the components of leadership competencies needed to effectively exhibit transformational styles (Doody, & Doody, 2012; Hutchinson, & Jackson, 2012; Welford, 2002). Transformational leadership styles have also been examined regarding the impact on organizational or patient outcomes (McGuire & Kennerly, 2006). Even more, the concept of transformational leadership has been explored in terms of the impact of leadership on employee attitudes and perceptions (Niehoff, Enz, & Grover, 1990).

Nursing leaders in the health care environment need to understand the influence of various leadership styles on nurses. Leadership styles may impact the overall discipline of nursing. Nursing leaders who are able to inspire, engage, and positively

influence nurses at various levels can help change nursing attitudes and behaviors. These attitudes and behaviors not only shape the discipline, but will impact the care provided to patients and families (Bamford, Wong, & Laschinger, 2013; McGuire & Kennerly, 2006; Niehoff et al., 1990; Regan, Laschinger, & Wong, 2016).

In this chapter, I will review the background of the topic of interest, statement of the problem in health care, the purpose for the study, the overarching research question, discussion of the theoretical framework, nature of the study, definition of the core concepts discussed, scope and delimitations, challenges, and significance of the study.

Background

Health care in the United States is among the costliest of all developed countries. The Organization for Economic Cooperation and Development (OECD, 2013) reported that the United States spent 17.1% of its gross domestic product (GDP) on health care in 2013, almost 50% more than the next highest spender (France, 11.6% of GDP) and almost double what was spent in the United Kingdom (8.8%). U.S. spending per person was equivalent to \$9,086 (not adjusted for inflation; The Common Wealth Fund, 2016). Some contributing factors to the inflated costs include fragmented care, lack of primary providers and limited access to health care. The lack of coordination can cause delays and duplication of services as well. The deficiency of primary care providers causes a decrease in preventative care and, because many people in the United States cannot afford health care, they delay seeking care until their conditions become exacerbated and more expensive to treat.

Nursing is one of the largest disciplines that provides care within the inpatient setting. The discipline of nursing extends beyond the inpatient setting into nontraditional and communities at large. Nurses practice in diverse settings, and they can assist in decreasing costs, streamlining care, and promoting preventive care within communities in the United States (Stroffjell & Christiansen, 2010). However, there is a lack of standardization around educational curriculum and preparations, along with a general lack in definition and terms of professionalism, which can affect discipline within health care.

Shortened clinical orientation, increased patient acuity, and increased nurse-to-patient ratios have left new nursing graduates unprepared for their roles (Mbewe & Jones, 2015). According to The Institute of Medicine (IOM, 2011) and The National Academies Press (2016) reported that nurse residency programs extending approximately 6 months to 1 year outside of standard orientation is recommended for success. The debate in on professionalism and professional behaviors in nurses based on their educational preparation continues to intensify. Concerns have been raised if associate degree programs offer nurses enough preparation and the ability to instill professional values (Fisher, 2014). Higher levels of scientific knowledge and application of that knowledge into the practice setting are necessary to be integrated with professional attitudes for the optimal delivery of care (Fisher, 2014) and are evident in the American Association of Colleges of Nursing (AACN) Essentials for Baccalaureate Nursing Education (Forbes & Hickey, 2009).

In a national attempt to elevate the educational preparation of nurses, the IOM (2011) called for an increase in bachelors' prepared nurses (BSN) into the practice setting with a goal to having 80% of nurses BSN prepared by 2020. However, with nursing shortage challenges, especially in rural communities, the United States has struggled to meet these anticipated goals (Fisher, 2014). Educators within nursing schools have an obligation to promote professionalism and professional identity among nurses by preparing students to perform the roles and responsibilities of the professional nurse after graduation. Fisher (2014) suggested that curriculum revisions, faculty reflection and enrichment, and active student engagement are needed to better understand and enhance nurse role formation. Ronan (2011) stipulated that nursing education has become superficial information learning over and above depth and breadth knowledge acquisition due primarily to the demands of the illness care system that supplants the discipline of nursing's professional self-determination.

The discipline of nursing has struggled with a lack of professional identity. In addition, there is a lack of research on professionalism and professional identity in nursing (Willetts & Clarke, 2014). The professional identity of nursing begins with formal training and extends into the professional working environment over time (Maranon & Pera, 2015; Trede, 2012; Willetts & Clarke, 2014). There are two central aspects to professionalism that can be understood: value-based and behavioral based professionalism. To truly experience professionalism, nurses would have to not only exhibit values and ideals, but consistent behaviors (Castell, 2008).

Nursing behaviors can impact overall professionalism (Alidina, 2012). Adams and Miller (2001) developed the wheel of professionalism in nursing that outlines factors contributing to overall professionalism in nursing including adherence to code for nurses, development use and evaluation of theory, community service orientation, continuing education competence, development, use and evaluation of research, self-regulatory and autonomous practice, professional organization participation, publication and communication, as well as educational preparation. Overall, nurses who exhibit the factors or behaviors outlined in the wheel of professionalism in nursing have attributes of professionalism that have the potential to positively impact patient satisfaction and health outcomes (Alidina, 2012; Adams & Miller, 2001; Celick & Hisar, 2012).

Both formal curriculum changes, as well as strategic leadership styles, can help enhance and influence a nurse's sense of professionalism and professional identity (Willettts & Clarke, 2014). Transformational leadership has an impact on job and career satisfaction, engagement, improved quality care and patient outcomes, unit performance, an organization's competitive edge, and retention (Bamford et al., 2013; Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2015; Marshall & Broome, 2017; McGuire & Kennerly, 2006). Those leaders whom implement the dimensions of transformational leadership, including idealized influence, inspirational motivation, intellectual stimulation and individual consideration (Doody & Doody, 2012; Marshall & Broome, 2017), have the ability to impact followers' commitment to the organization and exhibit behaviors that benefit the organization over self (Effelsberg, Solga, & Gurt, 2014). Consequently, alternate styles of leadership, such as abusive leadership styles, create conditions that

could be detrimental to nurses who are starting their careers and lead to increased turnover (Lavoie-Tremblay et al., 2015).

Leadership has been studied with a lens of matching theory to practice (Welford, 2002) while understanding that leadership and influence are multifaceted and fluid (Rosa, 2016). Despite the large body of evidence on transformational leadership, few scholars have explored the influence of transformational leadership styles on nursing professionalism or professional nursing behaviors. Understanding how leadership style can influence professional nursing behaviors can positively impact the discipline at large and overall health care quality care and outcomes for patients.

Problem Statement

Leadership skills encompassing empowerment and authentic leadership can impact a nurse's behaviors and professional interactions (Regan et al., 2016). Nursing professionalism has been studied in the body of literature from various aspects including professional behaviors and the relationship to job satisfaction (Celik & Hisar, 2011), nurses' professional identity (Maranon & Pera, 2015; Trede, 2012; Willetts & Clarke, 2014), as well as the correlation between educational preparation and professionalism (Adams & Miller, 2011; Fetzner, 2013; Fisher, 2014; Martin et al., 2003). In addition, leadership style has been studied from various perspectives including transformational leadership and the components of leadership competencies needed to exhibit transformational styles (Doody, & Doody, 2012; Hutchinson, & Jackson, 2012; Marshall & Broome, 2017; Welford, 2002), transformational leadership styles and the impact on organizational or patient outcomes (Marshall & Broome, 2017; McGuire & Kennerly,

2006), and the impact of leadership on employee attitudes and perceptions (Niehoff et al., 1990).

However, there is a gap in the literature in terms of the influence of leadership style on nursing professional behaviors and overall professionalism. There is a lack of understanding on how leadership style influences professional nurses' behaviors and ultimately professionalism. Therefore, the phenomenon of interest for this study was to explore nursing leadership and its influence on nursing professional behaviors.

Purpose of the Study

This descriptive, phenomenological study was designed to understand and explore the beliefs, attitudes, and perceptions of staff nurses on leadership style and its influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. For the study, transformational leadership was defined as leadership containing four dimensions: (a) idealized influence referring to role modeling, the articulation of high expectations, and confidence in followers; (b) inspirational motivation referring to providing vision and meaning and being optimistic about the future; (c) intellectual stimulation referring to encouraging followers to challenge existing approaches, reframe problems, and think in new ways; and (d) individualized consideration referring to taking followers' differences and perspectives into account and being a coach and mentor (Marshall & Broome, 2017; Price & Weiss, 2013). Nursing professional behaviors were further defined in alignment with Adams and Millers's (2001) nine core areas of nursing professional behaviors: (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence;

(e) research: development, use evaluation of; (f) self-regulatory, autonomy; (g) professional organization participation; (h) publication and communication; and (i) educational preparation.

Research Question

The overarching research question for the descriptive phenomenological approach was the following: What are the perspectives of staff nurses regarding the influence of leadership styles on nursing professional behaviors? Additional subquestions include

Research Subquestion 1: What does professionalism mean to you?

Research Subquestion 2: Describe in as much detail as possible a situation where you experienced professionalism.

Research Subquestion 3: What does transformational leadership mean to you? It should be noted that if the research participant is unable to define transformational leadership that the researcher will provide a basic definition and continue the interview.

Research Subquestion 4: Describe in as much detail as possible a situation where you experienced transformational leadership.

Research Subquestion 5: Describe any other leadership qualities that you may have identified as helpful for your practice.

Theoretical Framework

The theoretical framework for the research offered the underpinnings and guidance for the research topic for the research. The theory of transformational leadership was originally developed by Bass in 1985 and has been tested and altered in various studies. Price and Weiss (2013) revealed that the current conceptual beliefs of

transformational leadership include (a) idealized influence, which refers to the leader being a role model and promoting high expectations for followers; (b) inspirational motivations where the leader provides vision and meaning in an optimistic way that is engaging for the future; (c) intellectual stimulation referring to encouragement to participate in problem solving that allows for critical thinking and innovations; and (d) individualized consideration referring to taking in each individual's values, beliefs, assumptions, and behaviors when coaching, mentoring, and leading.

The theory of transformational leadership was interwoven into the conceptual thoughts of leadership within the topic of inquiry. Therefore, transformational leadership was chosen as the framework to guide the research study. Specifically, the transformational leadership theory guided me in the development of qualitative inquiry for the research questions and to understand how leadership style may influence nursing professionalism and professional nurse behaviors. Professional nurse behaviors were inquired upon by questioning based on the nine core areas of nursing professional behaviors studied by Adams and Miller (2001). The nine core nursing behaviors adapted from the wheel of professionalism are (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory, autonomy; (g) professional organization participation; (h) publication and communication; and (i) educational preparation.

Nature of the Study

A descriptive, phenomenological approach was used for the study.

Phenomenological researchers describe the common themes for several individuals based on their lived experiences with a certain topic, theme or concept. Using a phenomenological approach was appropriate in this study because it allowed me to understand the thought processes and perspectives of the participants. In addition, the lived experiences, as well as nurses' personal perspectives on leadership and nursing professional behaviors, could be gained using the phenomenological approach (Lopez & Willis, 2004). For the purposes of the research, descriptive phenomenological interviews that included participation between the interviewer and the interviewee along with questions that provided meaning to the topic of interest were used as the form of data collection. Following the phenomenological research traditions of Husserl, Merleau-Ponty and van Manen, Giorgi's descriptive method included the use of bracketing, reduction, imaginative variation, and searches for essential psychological structures within the phenomenon (Aanstoos, 1996; Broome, 2011; Dowling, 2007; Giorgi, 1997).

The interviews were conducted in a semistructured manner, and they were audiotaped and transcribed. Interview questions formed were open-ended, general, and focused on understanding regarding the phenomenon being studied. An interview protocol was used as a guide for the interviewer in questioning and process. The questions for the interview were developed using a quantitative instrument to guide qualitative question formation around the concept of nursing professional behaviors. The Professionalism in Nursing Behaviors Inventory (Adams & Miller, 2001) defined nine

nursing behaviors/categories that provided a framework for qualitative questioning. In addition, the concept of transformational leadership styles assisted in forming open-ended qualitative inquiry as well. Each of the five steps of Giorgi's (2009) modified Husserlian method were used. The steps include (a) assuming the phenomenological approach, (b) reading the entire written account for experiencing a sense of the whole, (c) determining meaningful units, (d) transforming the meaningful units into psychologically sensitive statements of the lived-experiences or meanings, and (e) synthesizing a general psychological structure of the experience based on the sum of the parts of the experience (Aanstoos, 1996; Broome, 2011; Giorgi, 1997).

Definitions

Authentic leadership: Persons who have achieved high levels of authenticity, who know who they are and what they believe in, and act in alignment with those values and beliefs (Avolio, 2004; Bamford et al., 2013).

Leadership: The discipline and art of guiding, directing, motivating, and inspiring a group or organization towards achievement of common goals (Marshall & Broome, 2017).

Professionalism: The conduct, qualities and/or goals that characterize a profession and typically describes behaviors that are expected within the profession's members (Tanaka, Yonemitsu, & Kawamoto, 2013).

Professional nursing: "The protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis

and treatment of human response, and advocacy in the care of individuals, families, communities and populations” (American Nurses Association [ANA], 2010, p. 10).

Professional nursing behaviors/categories: The wheel of professionalism in nursing is a model of professionalism behaviors adopted by Miller and Adams (2001), and they include the following behaviors/categories: (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory, autonomy; (g) professional organization participation; (h) publication and communication; and (i) educational preparation.

Transformational leadership: Application of four components of leadership including idealized influence, inspirational motivation, intellectual stimulation, and individual consideration (Doody & Doody, 2012).

Assumptions

The assumption prior to beginning the identified research was that use of transformational leadership styles mainly idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration would influence nursing professionalism and promote the nine core professional nursing behaviors outlined by Adams and Miller (2001) as

1. adherence to code for nurses
2. development, use, and evaluation of theory
3. community service orientation
4. continuing education competence

5. development, use evaluation of research
6. autonomy; self-regulatory practice
7. professional organization participation
8. publication and communication
9. educational preparation

In turn, promotion of the nursing professional behaviors can positively impact the overall discipline of nursing and positively affect organizational and patient outcomes. There was an assumption that nurses would be honest during the interviews. Also, I was a leader who worked within the same health care systems not in the same physical campus, but in the same system.

Scope and Delimitations

There was a lack of overall professionalism and professional nursing behaviors seen within the discipline of nursing. This study was chosen to focus on the influence of leadership style, mainly transformational leadership on impacting nurse professionalism. I focused on an inpatient tertiary care hospital setting, interviewing nurses from the service lines of oncology, critical care, medicine, neurology, and operating rooms. The study offers possible transferability within similar health care settings.

Limitations

This research was limited to a tertiary inpatient care setting. Nurses practice in various patient care settings including both inside and outside the inpatient hospital setting. I did not look at the influence of leadership beyond the inpatient setting; thus, this is an opportunity for future exploration and research. In addition, the study was

limited to qualitative inquiry of nurses from service lines including: oncology, critical care, medicine, neurology, and operating rooms. The specific units or services lines of oncology, critical care, medicine, neurology, and operating rooms were chosen because they have a broad scope and reach within the inpatient setting and have nurses from various backgrounds and experiences.

I was a leader in an inpatient tertiary care center and needed to practice bracketing to decrease possible bias. Researcher preconceptions were discussed and disclosed. In addition, rigor was applied in terms of methods to improve study result credibility through methods for triangulating themes discovered in the data collection.

Significance

This study was important because there is a noted lack of professionalism seen in the discipline of nursing (Fisher, 2014; Willetts & Clark, 2014). Although educational preparation of nurses is important to overall professional development (Fisher, 2014; Mbewe & Jones, 2015) other factors, such as leadership style, may have an influence on nurses' professionalism and professional nursing behaviors. Nursing leaders have an obligation to understand how different leadership styles can negatively or positively impact nurses in the inpatient hospital setting. Understanding how leadership style can influence nursing has the ability to impact and shape the future of the discipline and can also potentially impact patient care outcomes (Bamford et al., 2013; McGuire & Kennerly, 2006; Marshall & Broome, 2017; Niehoff et al., 1990; Regan et al., 2016; Rosa, 2016).

Summary

Nursing professionalism has been studied for many years. There are many factors contributing to a lack of professionalism or professional nursing behaviors in nursing possibly stemming from a lack of standardization in minimal educational preparation standards within the profession. A set of professional nursing behaviors has been studied and outlined by Adams and Miller (2001), including adherence to a code for nurses, development, use, and evaluation of theory; community service orientation; continuing education competence; development, use, and evaluation of research; self-regulated autonomous practice; professional organization participation; publication and communication; as well as educational preparation.

In addition, leadership and leadership styles have been studied from many different perspectives. Transformational leadership, including the four dimensions of idealized influence, inspirational motivation, intellectual stimulation and individual consideration (Doody & Doody, 2012; Marshall & Broome, 2017), has not been studied in terms of its possible influence on nursing professional behaviors.

In Chapter 1, I presented an overview of the study including the topic of interest, statement of the problem in health care, purpose of the study, overarching research question, as well as theoretical framework for the nature of the study. Possible limitation and significance were also discussed regarding the phenomenon of interest. Chapter 2 will present literature search strategies and an overall literature review of the concepts of professionalism in nursing and leadership styles in support of the study. Chapter 3 will provide discussion on the design, rationale, methodology, and data collection strategy for

the research study. Chapter 4 will present the findings from the qualitative interviews and research conducted as well as an overall analysis of the data collected, and Chapter 5 will discuss the interpretation of the findings of the study and recommendations for possible future research as well as the implications for social change.

Chapter 2: Literature Review

Introduction

In this review of the literature, I will critique and analyze the current state of the science regarding nursing professionalism, professional nurses' behaviors, and leadership style mainly focusing on transformational leadership. There was a lack of understanding on how leadership style influences professional nurses' behaviors and professionalism. Therefore, the phenomenon of interest for this study was to explore nursing leadership and its influence on nursing professional behaviors. The purpose of this descriptive phenomenological study was to discover, describe, and understand the lived experiences of staff nurses on leadership style and their influence on professional nursing behavior's working in an inpatient care unit at a tertiary care center. Transformational leadership was used as the beginning underlying theoretical framework that guided the qualitative questioning. In addition, Adams and Millers's (2001) wheel of professionalism outlining nine core areas of nursing professional behaviors were explored and guided the qualitative inquiry.

Professionalism has been studied from various aspects including the correlation between professionalism and job satisfaction (Celik & Hisar, 2011), nurses' professional identity (Maranon & Pera, 2015; Trede, 2012; Willetts & Clarke, 2014), and the relationship between professionalism and educational preparation (Adams & Miller, 2001; Fetzer, 2013; Fisher, 2014; Martin et al., 2003; Mbewe & Jones, 2015; Tanaka et al., 2014). There is also literature on leadership and leadership style, specifically transformational leadership and the competencies needed to exhibit transformational

leadership in practice (Doody & Doody, 2012; Hutchinson & Jackson, 2012; Welford, 2002) as well as how transformational leadership behaviors can impact organizational and patient care outcomes (McGuire & Kennerly, 2006). Transformational leadership has also been studied in terms of impact on employee attitudes and perceptions (Antill, 2015; Niehoff et al., 1990). However, there is little to no literature available on the influence of leadership style, specifically transformational leadership behaviors' impact overall professionalism or professional behaviors in nursing.

In Chapter 2, I will outline the literature search strategy, theoretical foundation and source of theory to support the research, as well as a review of the literature on the topics of interest and key related concepts and constructs.

Literature Search Strategy

The literature search strategy included an inquiry of peer-reviewed journals, books, and dissertations. The databases used for the inquiry included MEDLINE with Full Text, CINAHL Plus with Full Text, Thoreau Multi Database, ProQuest Nursing and Allied Health Source, PubMed, and Ovid Nursing Journals Full Text. Keywords and search phrases included *professionalism*, *nursing professionalism*, *leadership*, *transformational leadership*, *professional behaviors*, *nursing professional behaviors*, *health care*, *nursing*, and *influential leadership*. The articles that had solid theory, methods and sound science with compelling and meaningful arguments on the topic of interest were selected for review. The articles and topics were organized using a literature matrix, which guided me in understanding each article more in depth in terms

of theoretical frameworks, methodological approaches, analysis of results, conclusions, implications for future research, and current practice.

Theoretical Foundation

The theory or conceptual framework selected must have overall alignment with the research methodology, and it is a conglomeration of concepts, assumptions, expectations, beliefs, and theories that support and inform the overall research and research question (Maxwell, 2004). The theory of transformational leadership was the chosen theoretical foundation for the research. The theory of transformational leadership was built into the conceptual thoughts of leadership within the topic of inquiry. Burns originally developed the theory of transformational leadership in 1978. According to Burns (1978), transformational leadership exists when leaders and followers collaboratively engage to advance to a higher level of morality and motivation. Through a compelling vision and engaging personality, transformational leaders are able to inspire followers to change expectations, perceptions, and motivations to work towards common goals (Burns, 1978).

In 1985, Bass extended the work of Burns (1978) and began to explore and explain the psychological mechanisms that were underlying both transforming and transactional leadership styles. Bass (1985) also began to study how transformational leadership can impact followers' motivations and performance. Bass argued that a leader's ability to influence others was key, and transformational leadership could gain followers feelings of trust, admiration, loyalty, and respect as well as motivate them to work harder than originally expected. These feelings are provoked by the leader

inspiring mission and vision, giving followers identity, individualized consideration, intellectual stimulation, and idealized influence. In contrast to Burns, Bass argued that leaders could simultaneously display both transformational and transactional leadership.

Transactional leadership is a style in which leadership is focused on contingent reward of followers. The transactional leader excels at setting goals, giving direction to followers, and using rewards to reinforce employee behaviors that are aligned with goals and the set vision (McGuire & Kennerly, 2006). Bass (1985) stated that transactional leaders would reward followers with praise, recognition, merit raises, promotions, monetary bonuses, and honors based on their performance. Ultimately the end benefit of such leadership style is enhanced role clarity, job satisfaction, and improved performance (Bass, 1985; McGuire & Kennerly, 2006).

A transformational leadership style embodies a leader-follower type of relationship where leaders inspire and motivate others to perform their best while shaping values, beliefs, and attitudes. Essentially, the transformational leadership approach is multifactorial, and it includes transformational, transactional, and laissez-faire behaviors, or the absence of leadership (Bass & Avolio, 1993; Marshall & Broome, 2017; Price & Weiss, 2003). Transformational behaviors include inspirational motivation, idealized influence (such as modeling behaviors or values), individualized consideration or considering followers' individual needs, and intellectual stimulation (Bass & Avolio, 1993; Marshall & Broome, 2017; Price & Weiss, 2013).

Bass's original 1985 conceptualized transformational leadership theory has now been tested and modified to contain four dimensions: (a) idealized influence refers to role

modeling, the articulation of high expectations, and confidence in followers; (b) inspirational motivation refers to providing vision and meaning and being optimistic about the future; (c) intellectual stimulation refers to encouraging followers to challenge existing approaches, reframe problems, and think in new ways; and (d) individualized consideration refers to taking followers' differences and perspectives into account and being a coach and mentor (Doody & Doody, 2012; Marshall & Broome, 2017; McGuire & Kennerly, 2006; Price & Weiss, 2013; Welford, 2002).

The transformational leadership theoretical framework was used to guide qualitative interview questions regarding leadership behaviors that can potentially influence nursing professionalism: idealized influence, inspirational motivation, intellectual stimulation, and individualized considerations. This theoretical framework was the underpinning for evaluating this leadership styles' influence on nursing professional behaviors. Nursing professional behaviors were inquired upon by aligning qualitative questioning around the nine core areas of nursing professional behaviors studied by Adams and Miller (2001): (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory, autonomy; (g) professional organization participation; (h) publication and communication; and (i) educational preparation. The use of transformational leadership styles and behaviors can influence nursing professionalism and nursing professional behaviors. Figure 1 provides a diagram of the theoretical model.

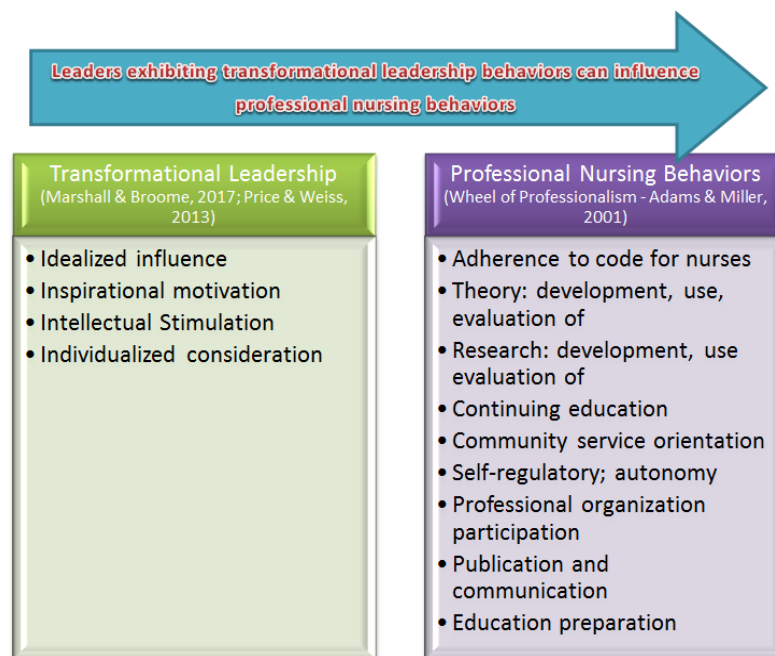


Figure 1. Theoretical model. The model depicts the influence of transformational leadership behaviors on professional nursing behaviors.

The theory of transformational leadership has been studied from many aspects both inside and outside of health care. Scholars have revealed information on the behaviors and competencies necessary to effectively implement transformational styles of leadership (Bottomley & Fox, 2014; Doody & Doody, 2012; Hutchinson & Jackson, 2012; Welford, 2002). Other researchers have focused on the theory of transformational leadership and the impact the leadership style has on organization or patient care outcomes (McGuire & Kennerly, 2006), while other scholars explored the impact of the theory of transformational leadership on employees' behaviors, attitude, perceptions, and their willingness to put the organization before self (Antill, 2015; Niehoff et al., 1990). These studies will be addressed in the literature review section. The theory of

transformational leadership has also been applied and studied from the perspective of organizational impact. Leaders who exhibit transformational attitudes and behaviors are more effective (Bottomley, Burgess & Fox, 2014). Overall, the theory of transformational leadership has been studied from various aspects, but none of the literature was on the relationship between the theory of transformational leadership, transformational leadership as a leadership style, and its ability to influence nurses' professional behaviors or professionalism.

Literature Review Related to Key Concepts

Leadership

Leadership is the act of leading an individual, group of people, or organization. Leadership has been studied overtime both inside and outside of health care. Much has been studied in terms of leadership style and effectiveness. Effective leadership practices can influence followers' perceptions, behaviors, and commitment to their job and organization (Dabke, 2016; Effelsberg et al. 2014; Marshall & Broome, 2017; Rosa, 2016; Spano-Szekely, Quinn Girffin, Clavelle, & Fitzpatrick, 2016). There have been established links in the literature between transformational leadership and emotional intelligence (Kumar, 2014). Kumar (2014) researched the link between emotional intelligence and transformational leadership showing emotional intelligence as a predictor of job performance and organizational citizenship behavior. Kumar concluded that leaders having high emotional intelligence show better quality work performance. Emotional intelligence and transformational leadership behaviors are two conceptual and theoretical leadership frameworks that can positively impact working environments

(Dabke, 2016; Effelsberg et al., 2014; Marshall & Broome, 2017). Individuals, across industries, who possess skills in emotional intelligence mainly have the ability to perceive, appraise, and express emotions accurately, and they understand how emotional regulate and promote growth as well as transformational leadership dimensions affect (a) idealized influence, (b) inspirational motivation, (c) individualized consideration, and (d) effective leadership by both subordinates and superiors (Dabke, 2016; Spano-Szekely et al., 2016). Transformational leadership behaviors have the ability to impact followers to sacrifice their own personal gain for the benefit of the company (Effelsberg et al., 2013). Senior leaders within organizations should promote and model emotional intelligence and transformational leadership behaviors. Furthermore, organizations should consider training and development programs for leaders that include the core concepts of emotional intelligence and transformational leadership (Dabke, 2016; Effelsberg et al., 2014; Spano-Szekely et al., 2016).

Transformational Leadership

Transformational leadership is the application of four components of leadership: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration (Doody & Doody, 2012; Marshall & Broome, 2017). Scholars have reviewed transformational leadership and the components of leadership competencies needed to effectively exhibit transformational styles (Doody & Doody, 2012; Welford, 2002), transformational leadership styles and the impact on organizational or patient outcomes (McFadden, Henagan & Gowen, 2009; McGuire & Kennerly, 2006; Wong,

2015), as well as the impact of leadership on employee attitudes and perceptions (Niehoff et al., 1990).

Transformational leadership behaviors are pivotal to effective leadership (Bottomley & Fox, 2015). Bottomley and Fox (2015) provided a conceptual framework for transformational behaviors necessary for leaders including vision-builder, standard-bearer, integrator, and developer. These behaviors can be connected to the authors' framework to the concepts within transformational leadership (Bottomley & Fox, 2015). Bottomley and Fox concluded that organizations are a reflection of leaders' behaviors and values. Thus, leaders must do more and learn more to be effective in a fast paced and ever-changing environment such as health care (Bottomley & Fox, 2015).

Nursing managers and their leadership behaviors play a role in nurse followers' work engagement and perceptions of work-life balance (Bamford et al., 2013). Those nurses who perceive a better match and working relationship with their manager have higher organizational engagement and better work-life balance. Nurse managers are integral in promoting engagement by exhibiting behaviors aligned with transformational leadership. Leaders who exhibit transformational leadership can influence followers to transcend their self-interests for the overall benefit of the organization as well (Effelsberg et al., 2014). Effelsberg et al. (2014) studied transformational leaders' ability to enhance followers' behaviors and found that there was a relationship between transformational leadership style and followers willingness to participate in self-less behaviors and pro-organizational behaviors above their own personal interests.

In addition to personal commitment and work-life balance, transformational leadership styles can have an impact on organizational commitment and patient care outcomes. McGuire and Kennerly (2006) studied the relationship between leadership style and organizational commitment with nurse managers through a descriptive correlational study. McGuire and Kennerly revealed that nurse managers' actions are often rooted in transactional rather than transformational styles, which can influence nurses' behaviors and commitment. Those leaders who move beyond transactional management to motivate staffs to perform beyond their expectations, using a transformational style will see greater organizational commitment from nurses (McGuire & Kennerly, 2006).

Quality and patient outcomes are affected by leadership style and the environment of safety in which the leader creates (Marshall & Broome, 2017). McFadden et al. (2009) studied patient safety and transformational leadership's effect on patient safety culture, initiatives, and outcomes and found that patient safety improvement begins with senior leadership. A transformational leader demonstrates a culture of safety, patient safety initiatives, and patient safety outcomes (McFadden et al., 2009). Wong (2015) further connected leadership style to patient outcomes in a systematic review of the literature including 20 studies from 1999 to 2012 involving patient outcomes and leadership style. Wong showed a connection between transformational and supportive leadership styles and positive patient safety outcomes, specifically lower errors in medication administration, infections and patient mortality, as well as findings and implications for improved patient satisfaction. However, Wong noted that further longitudinal studies

investigating sound leadership theories in health care are needed to establish stronger evidence in leadership styles influence on nursing.

Transformational leadership behaviors are learned and evolve from charismatic leadership to transactional competencies to transformational evolution, which progresses overtime with education, training, and role modeling (Bottomely & Fox, 2015). Nurse managers' skills and effective behaviors exhibiting transformational styles can be taught and have implications for practice with study findings supporting a correlation between transformational leadership style and a higher sense of commitment to a person's organization promoting a healthier work environment and overall success (McGuire & Kennerly, 2006). Lavoie-Tremblay et al. (2015) examined the importance of education and training in transformational leadership styles for nurse managers and indicated that transformational leadership behaviors and styles potentially led to higher quality care and retention of newer nurses in the health care environment.

The elements of advocacy are interwoven into the concepts within transformational leadership and inherently aligned. Antill (2015) listed the key skills and values of advocacy and transformational leadership and noted that managers need to be educated on the issues involved with advocacy to be effective leaders. Antill (2015) motioned that a formal introduction of official advocates in health care settings helps build trust and eliminates risks and improves patient outcomes by improving open and honest communication through advocacy.

The body of evidence on transformational leadership reveals an impact on outcomes, quality care, nurse engagement, and organizational commitment (Antill, 2015;

Bamford et al., 2013; Bottomley & Fox, 2015; Doody & Doody, 2012; Effelsberg et al., 2014; Lavoie-Tremblay et al., 2015; Marshall & Broome, 2017; McGuire & Kennerly, 2006; Niehoff et al., 1990; Welford, 2002). Spano-Szekely et al. (2016) stated it is imperative that administrators look to hire nurse managers who exhibit the characteristics or have the right building block and foundational motivation to learn transformational leader skills for overall success.

One controversial piece of literature by Hutchinson and Jackson (2013) refutes the body of literature on transformational leadership mentioning limitations of the studies provided over the years. Hutchinson and Jackson (2013) claim that the many limitations including minimal attention to leader integrity, limited attention to avoidant leader behaviors, absence of gender and cultural considerations, and ambiguity in characteristics in the theory addressed make further research necessary to truly understand the impact of transformational leadership.

Hutchinson and Jackson's (2013) critical appraisal of the body of literature allowed for more current researchers to study and address the limitations mentioned. Effelsberg et al. (2014) and Lavoie-Tremblay et al. (2015) responded and researched the theory of transformational leadership (TFL) paying specific attention to methods, design and approaches to studying transformational leadership to understand the model more in depth and to test the limitation studied by Hutchinson and Jackson (2013). Both articles published after Hutchinson and Jackson's (2013) critical appraisal showed similar positive outcomes in terms of transformational leadership influencing employees' ability

to put one's organization above one's self as well as retention and improved quality care delivery (Effelsberg et al., 2014; Lavoie-Tremblay et al., 2015).

Professionalism

The concept of professionalism is not unique to nursing. Rather, it can be broadly applied in any professional or work setting. The Oxford English Dictionary defines professionalism as, "Professional quality, character, or conduct; a professional system or method; the characteristics of a particular profession; the competence or skill expected of a professional" (Oxford University Press, 2015). The Merriam-Webster Dictionary defines professionalism as, "the skill, good judgment, and polite behavior that is expected from a person who is trained to do a job well; the conduct, aims, or qualities that characterize or mark a profession or a professional person; the following of a profession (as athletics) for gain or livelihood" (Merriam-Webster Inc, 2015).

Defining professionalism outside of nursing is important to understand the concept within nursing. Kirk (2007) studied professionalism in medicine and noted there are three fundamental principles of professionalism in medicine, a set of general competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME) and 10 professional responsibilities. The three fundamental principles are: (a) The primacy of patient welfare: This principle focuses on altruism, trust, and patient interest; (b) patient autonomy. This principle incorporates honesty with patients and the need to educate and empower patients to make appropriate medical decisions; and (c) social justice. This principle addresses physicians' societal contract and distributive justice that is, considering the available resources and the needs of all patients while

taking care of an individual patient (Kirk, 2007). In 1999 the ACGME implemented general competencies and stated that Residents must be committed to professional responsibilities, adhere to ethical principles, and be sensitive to diverse patient populations. Residents are expected to: (a) demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development; (b) demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; and (c) demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities (Kirk, 2007).

The ten medical professional responsibilities include: (a) commitment to professional competence; (b) commitment to honesty with patients; (c) commitment to patient confidentiality; (d) commitment to maintaining appropriate relations with patients; (e) commitment to improving quality of care; (f) commitment to improving access to care; (g) commitment to a just distribution of finite resources; (h) commitment to scientific knowledge; (i) commitment to maintaining trust by managing conflicts of interest; and (j) commitment to professional responsibilities (Kirk, 2007).

Professionalism can be examined outside of health care in the discipline of law as well. McCallum (2015) examined professionalism on behalf of the International Bar Association and suggested that there are seven key attributes of the legal professional: (a) dedication to serving clients before self; (b) dedication to serving the public interest,

improving the law, and improving the profession; (c) devotion to honesty, integrity, and good character; (d) passion for excellence; (e) practice in context; (f) maintenance of competence in a specialized body of knowledge and skills, which are freely shared with other professionals; (g) independence and self-regulation. A common theme among medical and legal professionalism is a set of professional obligations, attributes, principles and competencies that guides one's practice. It is indeed interesting to see the scope of professionalism outside of nursing to see how nursing's own definitions, principles and competencies are applied in our discipline.

In summary, professionalism can be defined in disciplines outside of nursing. Professional statements and codes of conduct within the disciplines of medicine and law reveal similar concepts in terms of ethical obligations, autonomy and independence, excellence in practice, and attributes and principles that support overall professionalism. These general statements and competencies can also be seen in the discipline of nursing.

Nursing Professionalism

When specifically analyzing professionalism in nursing, nursing professional behaviors and attitudes have been studied in the literature. Adams and Miller (2001) researched nursing professionalism with a specific Professionalism in Nursing Behaviors Inventory. The tool and this particular research examined the wheel of professionalism in nursing as a model that breaks the concepts of professionalism into nine categories including: (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory; autonomy; (g) professional

organization participation, and; (h) publication and communication and; (i) educational preparation (Adams & Miller, 2001). Using the Professionalism in Nursing Behaviors Inventory along with the wheel of professionalism in nursing model above can be instrumental in identifying and analyzing the concept of professionalism in nursing. Furthermore, this could give strength to the research topic of interest in terms of looking at how transformational leadership can influence these professional behaviors identified. Rhodes, Schutt, Langham and Bilotta (2012) also studied nursing professionalism and the behaviors outlined in the wheel of professionalism outlined by Adams and Miller (2001) from a learner-centered approach. The authors found that schools of Nursing that integrate discussions and effective learning opportunities around each of the nine behaviors outlined by Adams and Miller (2001) can be effective at bolstering a sense of professionalism in nursing. Alidina (2013) used Adams and Miller's (2001) wheel of professionalism to study attributes of professionalism in post-licensure nurses in developed countries. Alidina (2013) concluded that nurses need to demonstrate the attributes of professionalism in their daily practice as it has an impact positively on patient satisfaction and health outcomes.

A review of the literature on nursing professionalism revealed the correlation of professional behaviors and job satisfaction (Celik, & Hisar, 2011), nurses' professional identity and/or lack thereof (Maranon & Pera, 2015; Trede, 2012; Willetts & Clarke, 2014), and the correlation between educational preparation and nursing professionalism (Adams & Miller, 2001; Fetzer, 2013; Fisher, 2014; Martin et al., 2003; Mbewe & Jones, 2015; Tanaka et al., 2014). Celik and Hisar (2011) studied professional behavior and

nurse job satisfaction using The Minnesota Satisfaction Questionnaire (MSQ) and the Behavioral Inventory Form for Professionals (BIPN) collecting data on 531 nurses to determine the influence of professional behaviors on nurse's job satisfaction. Overall, the authors found that professionalism levels of nurses affect their job satisfaction. Furthermore, Celik and Hisar (2011) recommended support for nurses' education in the areas of professionalism.

Nursing professionalism has been specifically examined from a level of educational preparation. Tanaka et al. (2014) studied nursing professionalism among Japanese nurses specifically looking at professionalism as it relates to higher educational preparation. The authors used a cross-sectional survey design using the Behavioral Inventory for Professionalism in Nursing (BIPN) in a large university hospital with over 1600 nurse's participation. Overall, the study found that Japanese nurses had low levels of professionalism overall and that professionalism was related significantly to higher educational preparation (Tanaka et al., 2014). In further exploration of educational preparation and professionalism, Fisher (2014) studied pre-licensure, associate degree, diploma and bachelor degree nurses and the comparison of professional value and development in a descriptive non-experimental study using a convenience sample. Findings from 351 senior level nursing students suggested that it was the quality of education rather than quantity that affected nurse's overall levels of professionalism and that personal values and morals as well as ethical standards placed a role in students and nurse's advancement along the continuum of professionalism (Fisher, 2014). Martin et al. (2003) found similar findings in their survey design using a convenience sample of

1450 graduating nursing students from baccalaureate and associated degree programs in Texas. When comparing associate degree nurses to bachelorette prepared nurses in terms of professional value the authors concluded that sex, ethnicity and educational preparation all played a significant role in development of behaviors of professionalism (Martin et al., 2003). Mbewe and Jones (2015) studied associate degree curricula in terms of preparing new nurses for their professional roles in a mixed qualitative and quantitative descriptive approach finding that preparation for nurses in the current job market requires that nursing faculty examine the curriculum and the ways in which nurses are being prepared to deal with the current challenge and ever-changing world of health care. Faculty should emphasize leadership, delegation skills, and professional identity for nurses to be successful (Mbewe & Jones, 2015).

Nursing professionalism has also been studied from the lens of professional identity. Willetts and Clarke (2014) studied nurses' professional identity using the social identity theory finding that professional identity extends beyond formal training and apprenticeship and is enculturated into the workplace, becoming a complex social activity. Overall, the authors concluded that professional identity cannot be limited to academic preparation but must also extend and transition into the workplace (Willetts & Clarke, 2014). Similarly, Maranon and Pera (2015) studied theory and practice in the development of professional identity in nursing in a qualitative study concluded that theory and practice in both academic and work settings contribute to professional identity with skills translation from learning to clinical settings. Trede (2012) examined professional identity, professionalism, and work-integrated learning programs with

similar findings that the phenomenon of professional identity formation and professionalism is developed from a formal learning environment as well as a work-integrated learning environment. Fetzner (2003) provided a review of the literature affirming that two variables are antecedents to development of professional behavior mainly self-actualization which is positively and significantly related to professionalism and work experience and the need to reevaluate the professional socialization and approach to the work environment for nurses to develop their professional behaviors.

Overall, there is a solid body of evidence on professionalism in nursing from the perspectives of job satisfaction, professional identity, as well as educational preparation and development of professionalism. However, there remains a gap in the literature in terms of the influence of leadership style on nursing professional behaviors or overall professionalism.

Summary and Conclusions

In conclusion, leadership style, specifically, transformational leadership and nursing professionalism or professional nursing behaviors, are concepts that have been studied both inside and outside of health care. The body of evidence revealed from the most current review of the literature shows a plethora of information about leadership and transformational leadership styles. In addition, there is a solid body of evidence that has examined the concept of professionalism. However, there is a lack of knowledge or literature available studying the influence of transformational leadership styles on nursing professionalism or professional nursing behaviors. The present study will seek to fill a gap in the literature available on leadership style and its influence on professionalism.

Nursing leaders in today's health care environment need to understand the influence of various leadership styles. Understanding how different leadership styles can influence followers is not only fascinating but significant in the fact that it may impact the overall discipline of nursing. Nursing leaders who are able to inspire, engage, and positively influence nurses at various levels can help change nursing attitudes and behaviors. Ultimately, those attitudes and behaviors may shape the discipline and in turn potentially impact the care provided to patients and families (Bamford et al., 2013; McGuire & Kennerly, 2006; Niehoff et al. 1990; Regan et al., 2016).

In chapter 3, I will address the research design, rationale, and role of the researcher in the study. The methodologies and specific instrumentation, recruitment, participation and data collection will also be discussed. Furthermore, Chapter 3 will outline the data analysis plan, issues of trustworthiness as well as ethical considerations and responsibilities related to the research.

Chapter 3: Research Method

Introduction

The purpose of this descriptive, phenomenological study was to understand the perceptions of staff nurses on leadership style and its influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. For the study, transformational leadership was defined as leadership containing four dimensions: (a) idealized influence referring to role modeling, the articulation of high expectations, and confidence in followers; (b) inspirational motivation referring to providing vision and meaning and being optimistic about the future; (c) intellectual stimulation referring to encouraging followers to challenge existing approaches, reframe problems, and think in new ways; and (d) individualized consideration referring to taking followers' differences and perspectives into account and being a coach and mentor (Price & Weiss, 2013). Nursing professional behaviors were further defined in alignment with Adams and Millers's (2001) nine core areas of nursing professional behaviors: (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory, autonomy; (g) professional organization participation; (h) publication and communication; and (i) educational preparation.

In Chapter 3, I will review the research design, rationale, and role of the researcher in the study. The methodology, instrumentation, procedures for recruitment, participation, and data collection methods will be discussed. Issues of trustworthiness and ethical procedures will also be addressed for the research at hand.

Research Design and Rationale

The overarching research question for the descriptive phenomenological approach was the following: What are the perspectives of staff nurses regarding the influence of leadership styles on nursing professional behaviors? A semistructured interview approach was used guided by an interview protocol. Research questions were aligned with the central concepts in the phenomenon of interest mainly in the topics of leadership and professionalism. Leadership questions were guided by the theory of transformational leadership behaviors and professionalism topics were aligned with Adams and Miller's (2001) wheel of professionalism outlining nine core behaviors of professional nurses.

A qualitative, descriptive, phenomenological approach was used for the study. Phenomenological researchers describe the common themes for several individuals based on their lived experiences with a certain topic, theme, or concept. Using a phenomenological approach was appropriate in this study because it allowed me to understand the thought processes and perspectives of the participants. In addition, the lived experiences, as well as nurses' personal perspectives on leadership and nursing professional behaviors, were gained using the phenomenological approach (Lopez & Willis, 2004). Descriptive phenomenological interviews that included participation between the interviewer and the interviewee with questions that allow for exploration and understanding of the meaning to the topic of interest were used as the form of data collection. Following the phenomenological research traditions of Husserl, Merleau-Ponty, and van Manen, Giorgi's descriptive method with use of bracketing, reduction, imaginative variation, and searches for essential psychological structures in a

phenomenon was used (Applebaum, 2011; Dowling, 2007). Each of the five steps of Giorgi's (2009) modified Husserlian method was followed. The steps included (a) assuming the phenomenological approach, (b) reading the entire written account for experiencing a sense of the whole, (c) determining meaningful units, (d) transforming the meaningful units into psychologically sensitive statements of the lived-experiences or meanings, and (e) synthesizing a general psychological structure of the experience based on the sum of the parts of the experience (Aanstoos, 1996; Broome, 2011; Giorgi, 1997; Giorgi, 2009).

Role of the Researcher

I served as the instrument, guided by an interview protocol in this qualitative descriptive phenomenological interview study. I had no personal or professional relationships with the participants in the study. There was no relationship involving power over the participants. I practiced bracketing aligned with the descriptive phenomenological approach.

Research Population

A selection of nurses from various inpatient nursing units at a major metropolitan tertiary care teaching hospital in New York, New York were selected to participate in the qualitative inquiry to understand the influence of leadership style of nursing professional behaviors. Nurses had to have at least 1 year of nursing experience and at least 1 year working experience on the unit so that the nurse understood the working environment, culture, and colleagues with whom they worked within the organization and unit selected. Prior to the research, an e-mail was sent on my behalf at the hospital campus to all nurses

on the selected units to determine eligibility and interest. In addition, a research flyer approved by the institutional review board (IRB) was e-mailed to the selected units and posted. Participation in the study was voluntary, and potential participants had the ability to respond to the e-mail inquiry with their intent to participate in the survey directly to the researcher. Interviews were held in a private office space outside the working unit to maintain participant's anonymity.

Purposeful sampling of four nursing units from different patient care service lines was used. These included one oncology unit, one critical care/step-down unit, one medical/surgical, and one procedural unit to give a total of four units for nurse survey's. A total of two RNs from each of the randomly selected units was interviewed by me. I was the primary individual carrying out all the interviews and data collection using an interview transcript. Data were open coded with thematic analysis. A total of eight nurse surveys were conducted collecting data. The concept of saturation was considered both from a data perspective and theoretical perspective. Due to the small number in sampling, a total of eight surveys were conducted and then a decision was made if saturation had been reached or if more interviews were necessary to collect additional data because the interview length was 60 to 90 minutes. This approach was done to ensure there was adequate data collection and theoretical themes to analyze.

Research Method

Instrumentation

I developed an interview protocol to guide the interview process. In addition, the interviews were audio-recorded so I maintained engagement in the interview process with

the participants. Audio-taping allowed me to keep note taking to a minimum, recording only broad concepts and nonverbal observations during the interviewing. For more data collection, I listened back to the audio-recording for transcription and analysis of data collected. The interview protocol questions were aligned with the overarching research questions and with the underlying theoretical framework of transformational leadership behaviors and nine professional behaviors as outlined by Adam's and Miller's (2001) wheel of professionalism. Each question was aligned with the research traditions of Giorgi in terms of describing a situation in which the participant had experienced the phenomenon being studied. This type of question alignment was imperative for the discovery of meaning within the phenomenon (Applebaum, 2011; Broome, 2011; Giorgi, 2009). The interview protocol questions were formed to extrapolate the participants' understanding of both the concept of leadership and professionalism and professional behaviors from their own lived experiences, thus gathering sufficient data to answer the research question. During the interviews, if the participant was unable to define transformational leadership, I provided a basic definition and continued the interview.

Procedures for Recruitment, Participation, and Data Collection

I conducted interviews lasting approximately 60 to 90 minutes with each of the participants individually in private. The participants completed and signed a human subject's requirement consent form disclosing that all information collected would be held confidential and that participation was voluntary. Participants had the choice of exiting the interview process at any time. If there were too few individuals willing to participant in the research within the defined units, the invitation to participate would be

opened up to alternate areas of nursing. The same prerequisite requirements for participants including 1 year working in nursing and on the nursing unit where the nurse currently works was maintained.

At the conclusion of the interview, I thanked the participants for their time and explained the next steps of the research process. I asked for permission to contact the participants via telephone after the interview if there were any follow-up questions or clarifications necessary. Participants who consented to any follow-up procedures provided a telephone number of their choice to be contacted at if necessary by the researcher. Participants were able to choose to participate in the follow-up telephone call at their own will. Final results of the research were shared with the participants if they so desired.

Data Analysis Plan

Data collected from the interviews were open coded with thematic analysis. A total of eight nurse surveys were conducted. There was an inherent difference between categorizing and connecting strategies when understanding qualitative data analysis (Maxwell, 2013). The strategy for the research was to categorize information into themes but also look for possible and actual connections between the data being collected. Researchers should spend time understanding the connections between time and space; the relationship between parts of data; and how they connect or relate to certain concepts, thoughts, or themes, and this offers more of a holistic continuity or connection seen in the data collected (Maxwell, 2013).

The descriptive phenomenological five step method of data analysis based on Giorgi's modified Husserlian approach was used for data analysis (Boome, 2011; Giorgi, 1997; Giorgi, 2009). Although there are five distinct steps, Giorgi's descriptive phenomenological method provided the lived-context of the participant by focusing on their distinct perspective. This allowed me to keep the voice of the participant throughout the analysis (Broome, 2011; Giorgi, 2009). The first step was for me to assume the phenomenological attitude. I bracketed my knowledge, background and previous assumptions regarding the topic of interest so there is a new fresh look at the data. I practiced being present to analyze and see the data in a different and unique way that allowed for objectivity rather than a presumptuous consciousness or state of mind regarding the data (Broome, 2011; Giorgi, 1997; Giorgi, 2009).

The second element of Giorgi's (2009) approach required that I read the entire narrative description of the data collected. Giorgi (2009) spoke about "naïve description", which is the whole experience or description provided by the participant as it were in a common sense everyday perspective. This review of the data was done without critical reflection and that required an attitude of being present.

The third phase in data analysis was creating meaningful units within the narrative collected from the participants. This was done by looking for meaning shifts that Giorgi (2009) often referred to as "landmarks" in the data or changes in flow in some way shape or form. Meaning units are fluid, and the researcher can self-correct during the process if there are discoveries that some meaning-units are too long or short. There is a sense that

the researcher does not have to ultimately commit to the initial meaning unit delineations (Broome, 2011).

The fourth consideration required transformation of the meaning units into psychologically sensitive descriptive expressions. I took the phenomenon at the psychological level rather than the philosophical level to practice science. At the psychological level, the phenomenon is personal and individualized rather than transcendental or philosophical (Broome, 2011; Giorgi, 1997; Giorgi, 2009). In this step, the meaning units are re-expressed in the third person while remaining consistent and true to the meanings expressed by the participant. Third person content does not change meaning but rather assists the researchers in adopting the phenomenological approach or attitude. Then, in the third person, the research evolved into statements that expressed the psychological meaning. This step required that I use Husserl's (2008/1931) process of imaginative variation to determine the essence of the phenomenal being and structure of the experience (Broome, 2011; Giorgi, 1997; Giorgi, 1990). Imaginative variation is done by the researcher by changing qualities of the data being analyzed to determine which qualities are accidental and which are ultimately essential (Giorgi, 1990; Husserl, 2008/1931). Ultimately each third person meaning unit was considered and contemplated to understand what was being psychologically expressed. Then, a psychological re-expression was placed next to the meaning unit in a descriptive manner. I maintained the phenomenological attitude and each transformation described how it was experienced or understood by the participant without explanation (Broome, 2011; Giorgi, 1997; Giorgi, 2009).

The fifth element was synthesis of the psychological structure from the constituents of the experience, which are different from the elements because they are contextually dependent (Broome, 2011; Giorgi, 1997; Giorgi 2009). Constituents are part of the whole structure, and the purpose of this synthesis procedure was founded in the phenomenological concept of parts and wholes (Broome, 2011). Parts are considered pieces and moments. Pieces were defined as separate parts that can exist separate from the whole whereas moments are dependent on the whole and have their essential identities interwoven into being part of the whole (Broome, 2011; Giorgi, 2009). Overall, the descriptive phenomenological approach is a method of discovery rather than validation, and the spirit of these sentiments are kept throughout the data analysis process (Broome, 2011; Giorgi, 1997; Giorgi, 2009).

I used the NVivo software program to help manage the data collection during the research process. NVivo is designed to help organize, analyze, and find insight into qualitative data collected such as interviews, survey responses, articles, social media, and web content. Using the NVivo software program assisted me with being organized, efficient, saving time, storing and retrieving data quickly, discovering data connections, and backing up the findings with evidence (QSR International, 2016; St. John & Johnson, 2000).

Issues of Trustworthiness

Qualitative researchers include thoughts and considerations for evaluation, internal and external validity, dependability, and conformability of the research. Reliability can be addressed and enhanced in various ways including obtaining detailed

data and notes when performing research and data collection, quality tape recordings of data collected, and sound transcription of the tapes. The use of more than one coder can help with intercoder reliability, and it is recommended when analyzing qualitative data (MacPhail, Khoza, Abler & Ranganathan, 2015).

I clarified any bias prior to the start of the research by practicing bracketing. Prior to conducting the research, I wrote in a journal about the phenomenon of interest, disclosing past experiences, biases, prejudices, and events that have possibly shaped the interpretation and approach to the study. In addition, I practiced bracketing after each interview by journaling again about experiences, thoughts, and possible biases related to the concepts of leadership and professionalism within the topic of interest (Chenail, 2011; McLeod, 2015).

Trustworthiness is at the core of reliability and validity in qualitative research (Golafshani, 2003). Good quality qualitative researchers assume that there is trustworthiness at the heart of the research methods and intent (Golafshani, 2013). The research study included techniques to develop valid and reliable methods including tape recorded interview sessions to give accurate, rich, thick description of the transcriptions. Also, intercoder reliability and agreement was used by having the input of multiple coders including but not limited to my committee member and chair, when transcripts were analyzed for themes and codes.

Ethical Procedures

The first consideration in terms of ethics when performing research should be to do no harm. Researchers have an obligation to conduct themselves ethically and to

protect the participants involved in the research they are conducting (Ritchie, Lewis, McNaughton-Nicholls, & Ormston, 2003). Regardless of the type of qualitative inquiry, researchers may face ethical issues. Ethical issues can arise during consent, confidentiality of data, benefits versus risks for participants, or participant requests or behaviors that push the limits. For the research study at hand, participants' anonymity and all data collected during the research process were protected, kept confidential, and used only for the purposes of the research study.

Another ethical consideration was whether the researcher shared their personal stories during the interview. The sharing can disclose and minimize any possible bias and is imperative to help deduce the meaning of participants in a phenomenological study. For the purposes of the research study proposed here the researcher did not share any personal stories during the interviewing or data collection interactions with participants.

Other considerations in the research process included access to the site and permission to study the participants at the site. The researcher must have approval to conduct the research at the site of designation. One of the steps in gaining access is done through the Institutional Review Board (IRB). All research was approved by the IRB and considered for human subject's review. The researcher followed the formal IRB process and application including all necessary supportive documents at the tertiary care teaching hospital where the research was conducted. Using internal mentors and appropriate professional nursing practice colleagues assisted the researcher through this process and was helpful (Hoyland, Hollund & Olsen, 2015). The medical center chosen had a

specific nursing center for professional research that aided in IRB approvals and navigating the complex medical system to perform unique nursing research.

Rapport should be considered as well. In phenomenological study where participants who experience the same phenomenon will be interviewed, written permission to participate is necessary. The researcher prepared a written contract with permission to complete the interview and made sure it was signed before each interview. It should also be noted that the interviews were conducted at a hospital where the researcher does not work. Therefore, participants did not have a personal relationship with the researcher.

Field Issues

Field issues can arise during any type of research and should be anticipated by the researcher. The qualitative research process can be very involved and time consuming with rich data points. It is recommended for beginner researchers to start small and with limited data collection to gain experience and comfort before moving on further with the research. For example, start with one or two interviews, evaluate how it went and then conduct the rest (Jacob & Furgerson, 2012; McLeod, 2015).

Interviewing can be another field issues in terms of the mechanics of the interview or how the interview is conducted. Sometimes there are unexpected behaviors or responses provided by the participants that need to be managed. Interviews can be taxing in particular for an inexperienced researcher. Keeping pace, non-verbal responses in check, and being able to move the line of inquiry in a meaningful way are all key. The dynamic during interviewing is that the interviewer is in the lead. Correcting this

dynamic to make the interview more collaborative will have better interviewer and interviewee relationship and ultimately more meaningful data outputs. The goal is to have a collaborative interview where both the interviewer and interviewee are engaging in the process (Jacob & Furgerson, 2012).

For the purposes of this research study the researcher was mindful of field issues and as a strategy conducted the first two interviews and then paused to reflect and analyze the data. The researcher input the data into NVivo, the selected qualitative software data management program and learned from the process in small chunks rather than trying to complete all interviews back to back. This was also helpful to start analyzing the data for any possible themes that were emerging.

Even more, the researcher was aware of other field issues in terms of respondents' behaviors and manage them accordingly during interviews. All best practices including solid pace, keeping non-verbal behaviors at bay, and being able to keep the questions following a meaningful and purposeful line of thinking were all used.

Summary

This qualitative descriptive phenomenological study was designed to understand the perceptions of staff nurses on leadership style and its influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. The theory of transformational leadership was chosen as the theoretical foundation built into the conceptual thoughts of leadership within the topic of inquiry. Both transformational leadership behavioral concepts and Adams and Millers' (2001) nine professional behaviors defined in the wheel of professionalism guided the interview process and

questioning to further explore the nurses lived experience for both conceptual variables of leadership and professionalism.

This chapter focused on the methodology, instrumentation, procedures for recruitment, participation, data collection and methods as well as issues of trustworthiness and ethical issues for the research at hand. In Chapter 4, I will discuss the analysis and findings from the study.

Chapter 4: Results

Introduction

The purpose of this descriptive, phenomenological study was to explore the beliefs, attitudes, and perceptions of staff nurses on leadership style and influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. The transformational leadership style was explored, which is defined as leadership containing four dimensions: (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration (Marshall & Broome, 2017; Price & Weiss, 2013). Nursing professionals were examined in alignment with Adams and Miller's (2001) nine core areas of nursing professional behaviors that include: (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory, autonomy; (g) professional organization participation; (h) publication and communication; and (i) educational preparation.

The overarching research question for this descriptive phenomenological approach was the following: What are the perspectives of staff nurses regarding the influence of leadership styles on nursing professional behaviors? Additional subquestions included

Research Subquestion 1: What does professionalism mean to you?

Research Subquestion 2: Describe in as much detail as possible a situation where you experienced professionalism.

Research Subquestion 3: What does transformational leadership mean to you? It should be noted that if the research participant was unable to define transformational leadership, I provided a basic definition and continued the interview.

Research Subquestion 4: Describe in as much detail as possible a situation where you experienced transformational leadership.

Research Subquestion 5: Describe any other leadership qualities that you may have identified as helpful for your practice.

In this chapter, I will describe the setting, demographics, and data collection procedures for the research. In addition, the data analysis and results from interviews about participants' perceptions of the influence of leadership on professional nursing behaviors will be presented along with evidence of trustworthiness.

The Setting

This study was conducted in a tertiary care inpatient teaching hospital in New York, New York. As approved by the IRB, I recruited for the study by sending an e-mail to the hospital campus nurses on selected units to determine eligibility and interest. In addition to the e-mail, a recruitment flyer was also posted. Purposeful sampling of four nursing units from different patient care service lines was intended including one oncology unit, one critical care/step-down unit, one medical/surgical, and one procedural unit to give a total of four units for nurse surveys to be conducted. RNs from each of the purposely selected units were to be interviewed up to a total of 12 interviews. The concept of saturation was considered throughout the interview process.

I sent the e-mail and flyer, but received no response from nurses. As a result, I went in person to nursing units discussing the research flyer and answering any questions nurses had about the research to promote recruitment. Included in the original plan, if I was unable to gain enough participants from within the originally defined areas, the invitation to join would be opened to all nursing care areas. In-person rounding occurred on all nursing units and a total of eight nurses came forward from medicine, step-down/critical care, emergency, as well as women's and children's service lines at the hospital. All individuals met the inclusion criteria established, including 1 year working as a nurse and 1 year working at the organization where the nurse was employed. Saturation was determined at the conclusion of the eighth interview.

Demographics

Table 1 provides the participants' demographic information. All eight individuals were female. Ethnic backgrounds were Chinese, Hispanic, Asian, African American, Asian/Pacific Island, Palmerian, Austrian, and Portuguese. The nursing experience ranged from 1 year to 25 years. Total number of years worked at the organization ranged from 1 to 25 years as well. In terms of educational preparation, six of the individuals earned a bachelor's of science in nursing (BSN) and two earned their masters of science in nursing (MSN). National nursing certification was held by five of the eight nurses. Participants worked in a range of nursing care areas over their careers including emergency room, medicine, critical care, inpatient psychiatric, labor and delivery, women's and children's, rehabilitation, subacute rehabilitation, long-term care/geriatrics,

and community psychiatry. Nurses currently worked in medicine, critical-care step-down, emergency or women's and children's service lines.

Table 1

Demographics of the Participants

#	Gender	Ethnic/ Cultural Background	Total Years Worked as RN	Total Years Worked at Current Organization	Highest Degree	National RN Certification Yes/No	Areas worked as Nurse
1	Female	Chinese	7	2	MSN	Yes	Emergency, Medicine and Critical Care Long term care, Medicine Psychiatric, Medicine Labor & Delivery, Women's & Children's
2	Female	Hispanic	5	2	BSN	Yes	
3	Female	Asian	5	2.5	BSN	Yes	
4	Female	African American	25	25	BSN	Yes	
5	Female	Asian	5	2.2	MSN	Yes	Long term care, Rehabilitation, Medicine
6	Female	African American	7	3	BSN	No	Medicine, Psychiatry, Subacute Rehabilitation, Geriatrics, Community Psychiatric
7	Female	Asian/ Pacific Islander	3	1.2	BSN	No	Medicine, Geriatrics
8	Female	Palmerian, Austrian, and Portuguese	1	1	BSN	No	Medicine

Data Collection

I conducted interviews from July 31, 2017 to August 16, 2017. Participants were screened for inclusionary criteria and interviews were scheduled and conducted in a private office space away from the nursing units at the campus.

Before the start of the interview, I reviewed the purpose of the study and informed individuals about their rights. I reviewed the consent before beginning the interview. Nurses were encouraged to ask any questions they had about the interview process before beginning. Participants were also informed that the interview would be audio-recorded for accuracy in transcription. All agreed to engage in the interview, as well as the follow-up e-mail/phone contact for any additional clarifying questions and to review the typed transcript and results for accuracy. Nurses signed the consent form prior to beginning the face-to-face interviews.

Interviews lasted from 36 minutes to 82 minutes with an average length of 50 minutes. Interviews were conducted using the interview protocol to guide the qualitative line of questioning. Data were collected by audio recording. I also took field notes on paper during the interview process. After the interview, I thanked the participants for their time and explained the next steps in the research process. I explained that there would be e-mail contact post interview to review and validate the accuracy of the typed transcript and results and a phone call to the individual if there were any follow-up questions. In addition, nurses were notified that they would receive final results of the research once it was completed.

After interviews were conducted, transcripts of the interviews were typed verbatim using the audio-recording play back. An electronic copy of each of the participants' interview transcripts was saved into a Word document and kept on an encrypted and password-protected flash drive to protect the interests of all enrolled in the study. The audio files from the interviews were also downloaded electronically and saved on the same encrypted and password-protected flash drive to protect the interest of those engaging in the study. The encrypted and password-protected flash drive was kept in a locked file drawer in a locked office.

Data Analysis

A qualitative, descriptive, phenomenological approach was used for this research. Phenomenological researchers describe the lived experience of several individuals with a certain phenomenon, theme, or concept. Descriptive phenomenological interviews that included involvement between the interviewer and the interviewee with questions that allowed for exploration and understanding of the meaning to the topic of interest was used as the form of data collection. Following the phenomenological research traditions of Husserl, Merleau-Ponty and van Manen, Giorgi's descriptive method with use of bracketing, reduction, imaginative variation, and searches for essential psychological structures in a phenomenon was used (Applebaum, 2011; Dowling, 2007). Giorgi's (2009) modified Husserlian method includes five steps. Step 1 required that I assume the phenomenological approach, Step 2 included reading the entire written account or interview transcript to experience a sense of the whole, Step 3 involved determining meaningful units, Step 4 involved transforming the meaningful units into psychologically

sensitive statements of the lived-experiences or meanings, and Step 5 was synthesizing a general psychological structure of the experience based on the sum of the parts of the experience (Aanstoos, 1996; Broome, 2011; Giorgi, 1997; Giorgi, 2009).

It should be noted that I practiced bracketing *a priori*, as well as in between conducting each interview. Bracketing is in alignment with Step 1 of Giorgi's (2009) five-step method of data analysis to assume the phenomenological attitude. I wrote down thoughts and beliefs about leadership, professionalism, and transformational leadership to decrease possible personal biases. Next, in alignment with Step 2 of Giorgi's (2009) descriptive phenomenological approach, I read each of the transcripts in their entirety three times. Reading each transcript three times over allowed me to get a sense of the whole experience from each of the individual participants. Step 3 involved creating meaningful units and looking for shifts. NVIVO 11 qualitative management software was used to manage the data and create meaningful units. The typed transcripts were uploaded into NIVOV 11 for data collection, organization of ideas, creation of themes, coding, query of data, as well as visualization and reporting of the final results of the data. Nodes and themes were created for each of the phenomenon being studied allowing for subcategorization in the topics of leadership and professionalism. Word frequency, text frequency, and text search was used during the coding process. Step 4 in Giorgi's (2009) descriptive phenomenological approach looks for transformation of the meaning units and to take a psychological level, not philosophical, but psychological level to personalize and individualize the phenomenon being described. The meanings of patterns were identified and data were analyzed by content and themes. These methods

allowed me to find the meaning in what was being communicated during the interview process. The interview protocol organized the topics of inquiry first looking at the phenomenon of professionalism and alignment or questions specific to Adams and Miller's (2001) nine core areas of professional behaviors and then shifted to leadership, specifically transformational leadership and the four components of transformational leadership (Price & Weiss, 2013). I organized nodes in terms of leadership with subnodes including each of the four core areas of transformational leadership. Next, I organized a node under professionalism with nine subnodes in alignment with the nine core areas of professionalism to look for themes and patterns. Organizing data in this way also allowed me to visualize and organize the data more effectively. The coding process was used to look for similar themes and saturation for each of the questions and core phenomenon being studied. Overall, this process in data analysis and use of the NVIVO 11 software allowed for organization and to capture the essence of the experience in the data, create themes, and understand the themes as they emerged to form overall synthesis of the data collected.

Evidence of Trustworthiness

For this study to be credible and to make a meaningful contribution to the existing body of literature as it relates to nursing professionalism and leadership style, it was dependent on the quality of the data collected, data analysis, and verification of results. The goal of a descriptive phenomenological approach to research is to focus on the everyday experiences, thoughts, and perceptions of the individuals (Lopez & Willis,

2004). Therefore, for this study to show credibility, transferability, dependability, and confirmability certain procedures were followed throughout the research process.

Credibility

Credibility is essentially ensuring that the study measured what it was intended to be measuring. The credibility of this study was verified through data triangulation of the sources for data collection. Data triangulation involves using different sources to increase the credibility of the study (Miles, Huberman, & Saldana, 2014). This process included interviewing eight nurses from four different areas of nursing to support the results.

Transferability

Although each participant was unique, they were more alike than different. Qualitative inquiry does not generalize; however, this type of inquiry can transfer knowledge gained from these results to nurses in similar circumstances.

Dependability

The procedure to ensure that dependability was confirmed was achieved through the use of an audio-recording device during the in-person interviews. The use of the audio recorder is more reliable account of the verbatim accounts and is a permanent record of the interview data that can be referenced at any time throughout the research process. Audio recordings eliminate the dependence on researcher memory and decrease bias in transcriptions after the interview.

Confirmability

Confirmability suggests that the research results are consistent and supported by data collected during the interview process. To ensure confirmability in this study, I used rich descriptions and reflexivity. The study included verbatim transcriptions of interviews to provide exact statements from the nurses that included a rich description of their experiences and thoughts. I observed the affective domain that nurses displayed during the interview process. Direct quotes from the nurses included in the data transcriptions provide a thick and rich description of their perspectives. Also, reflexivity occurred at a conscious level of self-reflection in alignment with Giorgi's (2009) methodological fourth step of transformation of the meaning units at the psychological level as well as synthesis of the parts and whole structure of the data being synthesized as the results were being analyzed.

The Results

The following section presents the study results. This section is divided into the two main phenomenon of interest mainly professionalism and leadership. The sections are then further divided into subthemes discovered within each phenomenon. All the responses are direct quotes from the participants' perspectives.

Professionalism

When viewed collectively, the responses revealed that the theme of professionalism could be further divided into three main subthemes mainly: Professional characteristics, professional activity without identity, and pragmatism without ethics. The subtheme of professional characteristics included the communication style of nurses,

language, words used as well as appearance, quality of work and timeliness. The subtheme of professional activity without identity included nurse's common perspectives on professionalism in nursing as it related to community service, continuing education, professional organization involvement, autonomy as well as research in practice. The third subtheme pragmatism without ethics included participants' perspectives in the areas of code of conduct, theory in practice and publication.

Professional characteristics.

Nurses were asked to first reflect on the concept of professionalism in general and were asked the first research question: What does professionalism mean to you? Then, a specific probe question followed: What does it mean to be a professional in nursing? Four of the eight nurses describe professionalism in terms of the language or words used and how individuals interact and communicate with others, appearance or dress, and the quality and timeliness of work completed for patients, families and the health care team. Four of the nurses also equate the title of Registered Nurse and obligations of the job with professional or professionalism in nursing.

One nurse stated: "I think professionalism to me is just being presentable, well spoken, not use certain words...being well educated...knowing how to speak with the patient never raising your voice to staff or to patients..."

Another interviewee commented on professionalism and stated: "...[it's] the way you present yourself...you shouldn't come in with your clothing rumpled... you know how you speak to people..."

Professionalism was further explored in terms of characteristics and behaviors of professionalism. Under the theme of professional characteristics participants' responses included having a positive or friendly attitude toward colleagues and work/patients, being well spoken and able to speak with others especially through conflict or difficult situations, and professional appearance, dress and grooming.

One interviewee commented on professional characteristics of nurses and stated: "They have good relationships with their peers, they treat the patients well, the patient and the staff..."

Another nurse commented: "...being smart...caring...knowing how to speak to your patients and the doctors and facilitate that communication."

Professional activity without identity.

The second subtheme that emerged from the overarching phenomenon of professionalism was professional activity without identity. Professional identity begins with formal training and extends with enculturation into the workplace overtime (Willetts & Clarke, 2014). Professional identity embodies the notion that nurses have a sense of belonging to a professional community and the skills, knowledge and preparation that they have learned through formal preparation translates into the workplace and beyond into embodiment of professionalism in a broader sense as professional identity. Nurses' perceptions, thoughts and engagement in community service, continuing educational activities, professional organization participation, autonomy, and research in practice all emerged under the theme of professional activities without identity. Nurses' experiences revealed involvement in continuing educational activities and some type of community

service but lacked a connection to impact for the future of the discipline or identity in practice within the profession. The development, use and evaluation of research in practice, as well as the concept of autonomy were articulated in a practical sense and showed a lack of connection between professional practice and professional identity.

I asked: Tell me about any community service participation activities you have done in the past year. Four nurses had not been involved in any community service activities, one was influenced to engage in community service to maintain her standing in school, one interviewee was involved in non-professional community activities, and one verbalized involvement in nursing related community service outreach. Overall, there was a lack in understanding and connection between professionalism in nursing and an element of community service and outreach within the communities with which the nurses worked.

One nurse reflected on community service participation and stated: “Umm shame on me, none.”

Another interviewee stated: “So I’m actually looking into it right now. I have to do some type of community service for school.”

Continuing education and involvement in continuing educational activities are also included within the subtheme of professional activities. To explore continuing educational further I asked nurses: What types of continuing education have you completed in the past year? Seven reported engaging in some type of continuing educational activity not required for their organization/job or for re-licensure. Only one had not engaged in any non-job specific or job-required continuing education year to

date. Three of the eight nurses noted that they were enrolled or would be enrolled shortly in formal educational programs to advance their profession as a nurse. Overall, the participants showed a positive trend in engagement with continuing education, however there was no link to professional identity.

One nurse shared: “I’m in school, finishing up my MSN/FNP. I also take additional PALS, ACLS, some things that aren’t required for the job but something extra. I actually am planning to do the midline certification as well...”

Another nurse commented: “I attended conferences, I just got certified for CLC for consultant of lactation not too long ago...”

Nurses’ professional organization participation is also included in the theme of professional activity. To inquire about nurses’ involvement with professional organizations I asked: What professional organization are you apart of if any? Three interviewees did not participate in a professional organization. Five of the nurses stated they were members of the American Nurses Association and one was also a member of the Association of Women’s Health, Obstetrics and Neonatal Nursing. Of the five nurses who stated they were members of a national nursing organization, none could verbalize active involvement in those organizations leading to a broader sense of contributions and professional identity.

The subtheme of professional activity also intertwines with the concept of professional autonomy or practice based autonomy. I explored the topic of autonomy by inquiring: What does self-regulated or autonomous practice in nursing mean to you and further probed if the participants felt they practice autonomously and to describe a

situation where they practiced autonomously. Three of the seven nurses could verbalize and give examples of nurse-driven protocols within the nursing scope of practice that highlight appropriate self-regulated or autonomous practice. One RN believed there was little autonomy and wished there was more autonomy in her practice stating examples where she worked outside of the scope of nursing performing procedures without orders. Three RNs had similar descriptions of self-regulated practice, which was described as an advocate, collaborating with others, escalation of issues and doing the right thing for patients.

One interviewee stated: “We have the knowledge to do what’s best for our patients...we know what to follow when we’re giving medications we know what’s right and what’s wrong ...I think it means we know our role ...”

Another nurse commented: “You are able to make decisions and decide for yourself... what’s the best thing to do for the patient, you’re not just like I’ll do it cause there’s an order to do it. You know the reason and you’ll do it cause it’s evidence-based...”

Finally, under the subtheme professional activities the development, use and evaluation of research in one’s practice emerged. I asked nurse’s: How do you use research in your practice? Five of the nurses were unable to verbalize how they used, evaluated or applied research in their practice. Three correlated research with policies and procedures at the organization. Three others noted they use research when other professional nurses bring it to them such as educators or other leaders/managers. Two

nurses were able to verbalize evidence-based practice, use of research and application of that research into their practice to impact overall patient care.

One interviewee stated: “Technically right now we’ve just been using the protocols in the hospital. So, research I have not joined, research committees.”

Another nurse stated: “We have nurse educators here whenever they have something [research] they will share it with us...”

When further probed about reading the evidence-based journals from professional organizations to apply research to practice three of the five nurses’ who engages in professional organizations stated they received nursing journals but did not read them thoroughly or bring what was read to their practice. One of the five interviewees who participates in a professional organization stated she reads the journal thoroughly and brings knowledge gained into practice and discussion through a formal journal club.

One nurse stated: “I didn’t get a chance to read their journal or their updates”

Another interviewee commented: “They do [have a journal] and they send updates daily. I save the files, mark it down that I’m going to reading and I just kind of skip through it but don’t fully read it.”

Overall, there is a theme in terms of nurses’ professional activity or involvement in professional activities such as continuing educational classes, involvement in professional organizations, however there is a lack of ability to connect professional activities with application and impact for the future of the profession as evidenced by a lack of community service participation, a further need to fully understand of autonomy in practice as well as the development, use and evaluation of research in practice.

Ultimately, this shows a gap in nurses' ability to understand the connections between professional activities and professional identity.

Pragmatism without ethics.

When exploring the professional thoughts and perspectives of nurses in terms of the code of conduct or ethics, theory in practice and professional publication a third subtheme of pragmatism without ethics emerged. Nurses expressed a sense of practical application of knowledge in the areas of conduct, a lack of application of theory in practice and no examples of publication.

First, I explored the concept of ethics or the code of conduct in nursing. Nurses were asked: What does the code of conduct mean to you? Answers varied with one participant reflecting on the code of conduct as a regulatory rule and another nurse felt it was rules on inter-professional relationships within one's organization. There was a general undertone from participants that the code of conduct involved doing the right thing in terms of their professional practice and the discipline of nursing.

One interviewee commented: "...so, if you do have a problem with your colleagues basically you know how to, not how to behave at work, but at least you have a standard so you know what to dress, and be a professional nurse, and what the hospital expects from you..."

Another nurse hesitated, there was a long pause, and answered: "Code of conduct for nurses...I don't know for me it's just like being respectful to each other. Treating each other, treating everybody respectfully."

Theory in practice was also explored. I asked participants: How do you use theory in your nursing practice? One of the eight nurses were able to verbalize the use of theory in her practice. The other seven were unable to verbalize a theorist or noted that they did not use theory in their practice. Three nurses referred to non-theorist or non-theory ideals as theory. Another three discussed theory being part of learning curriculum in their nursing educational preparation but that they do not currently use it in their practice. There is a gap in terms of knowledge and application of theory in practice based on the interview results.

One nurse stated: "I never thought about theory. I know some theory from school, but then, I never thought about it. I never thought about this."

Another interviewee appeared to pause and stated: "I would be honest... I don't think I use it too often...It's probably being used but not that I recall off the top of my head."

Publication was also examined with the participants seeking to understand professional nurses' contributions to the body of literature in terms of publication. To explore this element, I asked: Have you published any manuscripts? None of the nurses had written or published a manuscript.

Overall, there was a common theme related to practical practice or pragmatism but there was a lack of ethical connection and application to professionalism. Nurses were unable to articulate a code of conduct that included ethical principles within the profession, describe application of theory within their practice, and had no examples of

contributions to publication to support nursing practice and professionalism showing pragmatism without ethics.

Leadership

The second main phenomenon of interest explored was leadership. I first inquired about overall thoughts on leadership and then asked the participants to describe a time in as much detail as possible where they experienced leadership. Overall leadership was described as those individuals who possess positive qualities such as helping others, promoting others, influencing learning or pushing others to learn and grow, encouragement, role modeling, and being a team player. Four of the nurse's noted that nurses are leaders, that all nurses have the capacity and should lead, and that specifically charge nurses can be leaders. In addition, four mentioned position, or title congruous with the concept of leadership whether that was positive or negative.

One participant shared thoughts on leadership and stated: "...someone who can actually help you if you have any problems... can guide you if you have any questions and someone you can learn from..."

Another nurse stated: "A good leader is somebody that promotes the best...they encourage you to do more to better yourself, further yourself... They find your strength and grow, they can like nurture it, and can help you with your weakness or try to improve you professionally or as a person or individually..."

Professional socialization.

The subtheme of professionalism socialization emerged from the perspectives of nurses in terms of their experiences with leadership. Specifically, transformational

leadership style embodying the four definitional concepts of inspirational motivation, idealized influence, intellectual stimulation and individualized consideration was explored with the participants. Common themes here emerged in alignment with the concept of professional socialization including words such as role model, mentors, inspiration, motivation, and learning from peers. It should be noted for clarification of nurses' responses in the future sections of this chapter that the organization where the research was conducted calls the position of nurse manager or leader a Patient Care Director or PCD.

Idealized influence.

Idealized influence refers to role modeling, promoting high expectations as well as confidence in followers. I explored the concept of idealized influence by asking: What does it mean to be a role model? There was agreement among participants answers that role models are looked up to, with common themes around trust and honesty, understanding, and overall a positive or good connotation.

One nurse stated: "I think a role model is someone that you can look up to. Someone that understands you, someone that supports you...and someone that encourages you to be better and helps you to be better professionally and personally."

Another interviewee commented: "Somebody that you could always come to if you have any questions...somebody you could rely on...somebody who you know has your back...modeling good behaviors... It's nice somebody to look up to you."

Inspirational motivation.

Transformational Leadership components were further explored by understanding the interviewees' thoughts and experiences around inspirational motivation. I inquired: Tell me about a time when you were inspired by a leader followed by with a probe question of: What is the impact of working with an inspirational leader? Seven of the eight nurses had personal stories where they were inspired by a leader with common themes of modeling positive and professional behaviors, being invested in the profession and the organization, role modeling, and impacting others positively through their work, accomplishments and daily actions. All participants agreed that the impact of inspirational leadership is motivating, making followers want to emulate the behaviors of the inspirational leader, further their profession or education, want to work harder, and a feeling like there are no limits to what one can accomplish.

One participant shared: "I have been inspired by my PCD especially when there's tough situations...her presence is so big... It's impressive how she handles herself...I feel like I can do anything...she supports every move I make...and for someone to care, so much, it just makes you not have a limit on what you can do."

Another nurse stated: "...I admire and I see how much dedication that she gives to work...It inspires you to want to do more...it makes you want to see where your limits can be, like do you have limits, is there anything you can't do?..."

Intellectual stimulation.

Next, I explored thoughts and experiences around the concept of intellectual stimulation by asking: What would be some characteristics of a leader who stimulated you intellectually? One participant equated intellectual stimulation characteristics with

that of caring, compassion and understanding. Another nurse equated intellectual stimulation characteristics with doing the right thing, integrity and modeling behaviors. A majority or six of the interviewees expressed similar responses to characteristics within intellectual stimulation including questioning, stimulating thinking, encouraging understanding, expressing a need to continue formal and informal educational preparation, and not giving answers but influencing and guiding others to learn and grow.

One nurse reflected on characteristics of a leader who intellectually stimulated her and stated: “Questioning ...when they start questioning you like why are you doing this and what is the reason behind it I think will start thinking and stimulating you...”

Another participant stated: “They’re kind of seeing how much you can do... they look to explain something better for others to understand. They analyze a situation and can explain it simply.”

Individualized consideration.

The concept of individualized consideration was inquired upon by asking: What are some qualities of a transformational leader? Followed with a probe question inquiring about a time when working with a transformational leader and what the impact of working with that type of leader would be? All eight nurses could describe and discuss elements of transformational leadership as being inspirational, motivational, incorporating individualized consideration, and intellectually stimulating others. Only one was not able to discuss a situation where they experienced transformational leadership. Two of the participants discussed professors as being transformational, one selected a story about their Clinical Nurse Specialist (CNS) and another nurse selected a

Senior Staff Nurse (SSN) being transformational. Three participants were able to verbalize stories of their PCD being transformational in each circumstance there was alignment with the four core areas of transformational leadership mainly (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration.

One interviewee stated: “We had one PCD like this...she was a transformational leader. And she knows I think she learned about every one of us what can we do. How to bring it out...So we always call her the “Great so and so” because it’s how we are still talking about her. Like we wished that she was there for us. Her legacy lived on.”

Another nurse shared: “Somebody who’s able to ...motivate individually...promotes a group of people for the better.”

Finally, I asked those involved in the study to share their overall thoughts and opinions about any other leadership qualities that they may have identified as helpful for their practice. Overall, participants reiterated many of the qualities noted in their earlier responses such as leaders who are effective push them, motivate them, are open minded, conduct themselves with professional behaviors especially when faced with stress, treat everyone fairly and well, are positive and rewarding, and inspire nurses to want to do more. Two individuals made a connection to professionalism and noted that nurses’ behaviors and actions can have an impact on perceived professionalism by others such as our language, behaviors, and dress.

One nurse stated: “Not being emotional. I think just being able to show your strength, being able to show that you’re strong and smart, knowledgeable...and just not raising your voice...Staying calm I think it’s hard.”

Another interviewee stated: “It’s the way [leaders] treat you. It’s the way they talk to you... I respect you as my leader but I need the same respect from you...Because if you do this, the team will go above and beyond...above and beyond for you.”

Overall, the experiences with the phenomenon of leadership revealed common threads in terms of feeling inspired and motivated by role models both by experienced nurses and formal leaders, individual consideration leading to positive feelings of belonging, motivation to learn, and willingness to go above and beyond for their leaders. The concepts of transformational leadership embodying idealized influence, inspiration motivation, intellectual stimulation, and individualized consideration collectively showed a sense of participants wanting to emulate the behaviors of leaders and show similar characteristics or hold similar values. Each of the responses showed alignment with the subtheme of professional socialization.

Summary

The purpose of this descriptive phenomenological study was to examine and explore the beliefs, attitudes and perceptions of staff nurses on leadership style and its influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. In Chapter 4, I provided an overview of the processes used to collect, manage and analyze the data obtained from eight nursing in-person interviews.

The overarching research question explored the perspectives of staff nurses regarding the influence of leadership styles on nursing professional behaviors. This was explored by examining the thoughts, beliefs and perception of staff nurses on the nine core elements of the wheel of professionalism developed by Adams and Miller (2001), as well as the four definitional concepts of transformational leadership. Both concepts of professionalism and leadership were explored and synthesis of the participant's thoughts and perceptions in each of the two main phenomenon of interest revealed several subthemes.

Research subquestions 1 and 2 explored nurses' thoughts on what professionalism means to them and a situation in which they experienced professionalism. Synthesis of the data collected related to these research questions revealed three subthemes including: (a) professional characteristics; (b) professional activity without identity; and (c) pragmatism without ethics. In summary, nurses had similar thoughts and perceptions in terms of professional characteristics including how nurses interact and communicate with one another, appearance or dress, and the quality of work completed. Professional activities including continuing education, community service involvement, autonomy, and the development, use and evaluation of research in practice could be articulated at a practical level but had little to no connection to a larger sense of professional identity. Finally, under professionalism the subtheme of pragmatism without ethics evolved in understanding nurses' thoughts and perceptions of the nursing code of conduct, application of theory in practice and professional publication. This subtheme revealed again practice application of knowledge in the areas of conduct, a lack of application of

theory in practice, and no examples of publication showing little connection between practical practice and ethical obligations to the future and essence of the profession of nursing.

Research subquestions 3, 4, and 5 inquired about the concept of leadership, specifically examining what transformational leadership meant to nurse's and a situation where interviewees experienced transformational leadership. Leadership was further explored by any other leadership characteristics participants felt were helpful in their practice. Nurse's described leadership in terms of helping, promoting, motivating, influencing, pushing others to learn and grow, role modeling and being a team player, which revealed the subtheme of professional socialization. The elements of transformational leadership were further inquired upon including idealized influence, inspirational motivation, intellectual stimulation and idealized influence revealing commonalities experienced including feelings of belonging, willingness to go above and beyond for transformational leaders, wanting to emulate the behaviors of transformational leaders and show similar characteristics and hold similar positions.

In chapter 5, I will address the interpretation of these results, limitations of the study, recommendations based off the results, implications for practice and positive social change as well as a conclusion of this research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this descriptive, phenomenological study was to explore and illuminate the beliefs, attitudes, and perceptions of staff nurses on leadership style and influence on professional nursing behaviors working in an inpatient care unit at a tertiary care center. Transformational leadership style was explored, which was defined as leadership containing four dimensions: (a) idealized influence; (b) inspirational motivation; (c) intellectual stimulation; and (d) individualized consideration (Marshall & Broome, 2017; Price & Weiss, 2013). Nursing professional behaviors were examined in alignment with Adams and Miller's (2001) nine core areas of nursing professional behaviors that include: (a) adherence to code for nurses; (b) theory: development, use, evaluation of; (c) community service orientation; (d) continuing education competence; (e) research: development, use evaluation of; (f) self-regulatory; autonomy; (g) professional organization participation; (h) publication and communication; (i) educational preparation.

Leadership has been studied from many perspectives. Despite the large body of evidence on transformational leadership, few studies have explored the influence of transformational leadership styles on nursing professionalism or professional nursing behaviors. Understanding how leadership style can influence professional nursing behaviors can positively impact the discipline at large and overall health care quality care and outcomes for patients.

The overarching research question for this descriptive phenomenological approach was the following: What are the perspectives of staff nurses regarding the influence of leadership styles on nursing professional behaviors? Additional subquestions included

Research Subquestion 1: What does professionalism mean to you?

Research Subquestion 2: Describe in as much detail as possible a situation where you experienced professionalism.

Research Subquestion 3: What does transformational leadership mean to you?

Research Subquestion 4: Describe in as much detail as possible a situation where you experienced transformational leadership.

Research Subquestion 5: Describe any other leadership qualities that you may have identified as helpful for your practice.

Synthesis of the data collected related to professionalism within research Subquestions 1 and 2 revealed three subthemes: (a) professional characteristics, (b) professional activity without identity, and (c) pragmatism without ethics. Nurses had similar thoughts and perceptions in terms of professional characteristics including how nurses interact and communicate with one another, appearance or dress, and the quality of work completed. Professional activities including continuing education; community service participation; autonomy; and the development, use, and evaluation of research in practice could be articulated at a practical level, but had little to no connection to a larger sense of professional identity. Finally, under professionalism the subtheme of pragmatism without ethics evolved in understanding nurses' thoughts and perceptions of

the nursing code of conduct and application of theory in practice and professional publication. This subtheme revealed practice application of knowledge in the areas of conduct, a lack of application of theory in practice, and no examples of publication showing little connection between practical practice and ethical obligations to the future and essence of the profession of nursing.

Synthesis of the data collected related to leadership within research Subquestions 3, 4, and 5 revealed participants' thoughts on leadership in terms of helping, promoting, motivating, influencing, pushing others to learn and grow, role modeling, and being a team player, which revealed the subtheme of professional socialization. The elements of transformational leadership were further inquired upon including idealized influence, inspirational motivation, intellectual stimulation, and idealized influence revealing commonalities experienced by nurse's including feelings of belonging, willingness to go above and beyond for transformational leaders, wanting to emulate the behaviors of transformational leaders, and show similar characteristics and hold similar positions.

Interpretation of the Findings

Leadership style, specifically transformational leadership and nursing professionalism or professional nursing behaviors, are concepts that have been studied both inside and outside of health care. The most current review of the literature shows a plethora of information about leadership and transformational leadership styles. In addition, there is a body of evidence on the concept of professionalism. However, there is a lack of knowledge or literature available on the influence of transformational leadership styles on nursing professionalism or professional nursing behaviors. The

present study was designed to gain an understanding of nurses' perceptions on leadership style and its influence on professionalism.

In relationship to the concept of leadership, the findings from this study confirm that effective leadership practices can influence followers' perceptions, behaviors, and commitment to their job and organization (Dabke, 2016; Effelsberg et al., 2014; Marshall & Broome, 2017; Rosa, 2016; Spano-Szekely et al., 2016). Participants revealed that when influenced by transformational leaders, they expressed feelings of belonging, willingness to go above and beyond for the leader, wanting to emulate the behaviors of the leader, show similar characteristics, and hold similar positions.

In relationship to the concept of professionalism and nurses' professional behaviors, the findings from this study confirm continued concerns in terms of a lack of professionalism within the discipline of nursing. Adams and Miller's (2001) wheel of professionalism includes nine core professional nurse's behaviors that were examined by this study. The professional behaviors were then synthesized into three subthemes of (a) professional characteristics, (b) professional activity without identity, and (c) pragmatism without ethics. The first subtheme professional characteristics revealed that nurses had similar thoughts including correlation of professionalism with how nurses interact and communicate with one another, appearance or dress, and the quality of work completed. The second subtheme of professional activity without identity encompassed several core behaviors within the wheel of professionalism (Adams & Miller, 2001) including continuing education; community service participation; autonomy; and the development, use, and evaluation of research in practice. In each of these core areas, participants

described a practical application of concepts but lacked a connection to professional identity. The third subtheme of pragmatism without ethics evolved in understanding nurses' thoughts and perceptions of the nursing code of conduct, application of theory in practice, and professional publication. Again, nurses revealed some practical application of knowledge but lacked the ability to connect between practical practice and ethical obligations to the future and essence of the profession of nursing.

Overall, participants were positively influenced by inspirational and transformational leaders within their current roles; however, they did not show increased professional behaviors with the nine core areas of professionalism, finding that transformational leadership style in this study influenced some but not necessarily all nine core professional nursing behaviors.

Limitations of the Study

This research was limited to a tertiary inpatient care setting. Nurses practice in various patient care settings including both inside and outside the inpatient hospital setting. I did not look at the influence of leadership beyond the inpatient setting and thus is an opportunity for future exploration and research. This study was also limited to qualitative inquiry of nurses from service lines including: Emergency room, medicine, critical care, step-down, and women's and children's. Nurses from other service lines were not included and therefore could also be explored further. The researcher was the main investigator in the study and was a current leader in an inpatient tertiary care center. The use of *a priori* bracketing was used to decrease possible bias but should be noted as a possible limitation to the study.

Recommendations

The current research study focused on an inpatient tertiary care setting. Further research related to leadership style and professional nurses' behaviors should be explored in alternate areas of nursing, including but not limited to, long term care, outpatient centers and home care nursing settings. In addition, further research should include nurses with a minimum of five years' experience to truly explore and illuminate the essence of professional socialization and ethical behavior related to the profession in practice. Moreover, continued research is necessary to explore the concepts and linkage of leadership style to professional nurses' behaviors over time. A longitudinal approach may show impact of a certain leadership style and an increase or improvement in the nine core areas of professionalism.

Implications for Positive Social Change

This study was important because there is a noted lack of professionalism seen in the profession of nursing (Fisher, 2014; Willetts & Clark, 2014). Although educational preparation of nurses is important to overall professional development (Fisher, 2014; Mbewe & Jones, 2015), other factors such as leadership style may have an influence on nurses' professionalism and professional nursing behaviors. Professional socialization, identity and ethical application within one's practice are critical elements to professionalism and alignment with ongoing professional behaviors. Nurses in today's health care environment are showing a lack of professionalism or alignment with core nursing professional behaviors, which needs to be understood more to impact the

profession and positive social change for the future (Fisher, 2014; Mbewe & Johnes, 2015; Willetts & Clark, 2014).

Social Change for the Nursing Profession

Nurse leaders have an obligation to understand how different leadership styles can negatively or positively impact nurses in the inpatient hospital setting. Understanding how leadership style may influence nursing practice can impact and shape the future of the discipline at large, but can also potentially impact patient care outcomes (Bamford et al., 2013; McGuire & Kennerly, 2006; Marshall & Broome, 2017; Niehoff,ENZ, & Grover, 1990; Regan et al., 2016; Rosa, 2016). Nursing leaders who can inspire, engage, and positively influence nurses at various levels can help change nursing attitudes and behaviors and affect positive social change for the nursing profession. Ultimately, those attitudes and behaviors not only may shape the discipline as a whole, but may potentially impact the care provided to patients and families (Bamford et al., 2013; McGuire & Kennerly, 2006; Niehoff et al., 1990; Regan et al., 2016).

Conclusion

Overall, based on the study findings I was able to determine that leadership style, specifically the use of transformational leadership, can have several positive implications. A transformational leadership styles promote, helps, motivates, influences, and pushes others to learn and grow. Nurses view leaders who use this style as role models who are team players that give nurse's feelings of belonging, a sense of wanting to emulate the behaviors of their leader and a willingness to go above and beyond. Each of these positive outcomes can impact nurse's overall professional socialization in a positive way.

The findings within this study also revealed there is still a great deal to learn in terms of nurses' commitment and level of professionalism or professional behaviors. Study findings illuminated a lack of professional identity, nurses' ability to connection pragmatic clinical application to professionalism and lack of an ability to see a connection between practical clinical skills and tasks and a more global ethical consideration in the profession nursing.

These results may be used to continue to positively influence nurses with transformational leadership style and professional socialization as well as to trigger future possible research to understand the lack of professionalism, professional identity and ethical obligations within the discipline of nursing.

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Appendix A: Interview Protocol

Interview Protocol:***What are the perspectives of staff nurses regarding the influence of leadership styles on nursing professional behaviors?***

To facilitate my note-taking I would like to audio tape our conversation today. Please sign the release form. For your information, only researchers on the project will have access to the tapes, which will eventually be destroyed after they are transcribed. In addition, you must sign a form devised to meet our human subject's requirements.

Essentially this document states that (1) all information will be held confidential (2) your participation is voluntary and you may stop at any time if you feel uncomfortable. Thank you for agreeing to participate.

I have planned this interview to last approximately one to two hours. During this time, I have several questions I would like to discuss.

You have been selected today to participate in this interview because you are a nurse on an inpatient unit who has valuable information to share. The research project focuses on nursing professionalism and nursing leadership styles and your unique thoughts on how leadership style may influence nursing professionalism and professional behaviors. Our study does not aim to assess or evaluate your skills or competency as a nurse. Rather, I am trying to learn more about how leadership is viewed and perceived in your working environment and how you respond to leadership styles as a professional nurse.

Date: ____/____/____ Time: _____

Location: _____

Interviewer: Lorelle Wuerz MSN, BS, BA, RN, VA-BC

Demographic Questions

Interviewee Name: _____

Position of Interviewee: _____

Gender:

Ethnic/Cultural Background?

Briefly describe your role:

How long have you worked as a nurse? (Specify full time/part time and any time off).

What is your highest degree?

Do you hold a certification?

What areas of nursing have you worked in?

- Probe: Have you ever worked in a leadership capacity?

How long have you worked at this hospital?

Professionalism:

What does professionalism mean to you?

- Probe: What does it mean to be professional in nursing? What are the characteristics of professional nurses?

What does professional behavior look like to you?

Can you please describe in as much detail as possible a situation where you experienced professionalism?

What is the nursing code of conduct mean to you?

How do you use theory in your nursing practice?

Tell me about any community service or participation activities you have done in the past year.

What types of continuing education have you completed in the past year?

How do you use research in your nursing practice?

- Probe: Have you been part of any nursing research project? Tell me about them.
- Probe: Have you published any manuscripts? Tell me about them.

What does self-regulated or autonomous practice in nursing mean to you?

- Do you feel that you practice autonomously?

What professional organizations are you part of if any?

Leadership:

Can you please describe in as much detail as possible a situation where you experienced leadership?

What motivates you as a nurse?

How do you view your direct nursing leader? (Patient Care Director- PCD)

What does transformational leadership mean to you?

- *Probe: If participant is unable to define transformational leadership the researcher will provide a basic definition and continue the interview.*

What are some qualities of a transformational leader?

Tell me about a time when you worked with a transformational leader?

- Probe: What is the impact of working with that leader using those styles?

Can you please describe in as much detail as possible a situation where you experienced transformational leadership?

Tell me about a time when you were inspired by a leader?

- Probe: What is the impact of working with an inspirational leader?

What does it mean to you to be a role model?

What would be some characteristics of a leader who stimulated you intellectually?

Describe any other leadership qualities that you may have identified as helpful for your practice.

Post Interview:

Comments or observations during the interview.

Appendix B: Recruitment Email

Recruitment Email

Dear Nursing Leaders,

I would like to invite your direct care Registered Nurses (RN) staff to participate in a research study. The purpose of the study is to investigate the influence of nursing leadership on professional nursing behaviors. The target sample for this study is any staff RN's who have at least one year of experience on a critical care and/or step-down, oncology, medical/surgical or procedural units in a hospital setting.

We are asking you to share information about this study with your staff. Your staff will be asked to voluntarily participate in an interview approximately 60-90 minutes in length. If your staff members choose to participate in the study, they will receive a \$10 gift card for their participation.

The researchers conducting this study are Kenrick D. Cato, PhD, RN, CPHIMS and Lorelle A. Wuerz MSN, BS, BA, RN, VA-BC. Please have any interested participants contact the study team at XXX.

Thank you for your cooperation and assistance in making this research study possible.

Sincerely,

Lorelle Wuerz PhD(c), MSN, BS, BA, RN, VA-BC
Doctor of Philosophy in Nursing Leadership Student
Walden University

Appendix C: Recruitment Flyer

**Attention:**

**Staff Registered Nurses who have worked in your nursing unit
for at least one year...**

**Research study on the influence of leadership on staff
nurses' professional behaviors.**

Interviews will be available from July 10th, 2017 through August 31, 2017 and last
approximately 60-90 minutes.

For your participation, *a \$10 gift card will be provided for all participants.*

For further information and to participate please contact:

Lorelle Wuerz MSN, BS, BA, RN, VA-BC

XXX-XXX-XXXX

Email: [XXX](#)

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Nurse Researcher, NewYork-Presbyterian Hospital
212-342-1566